



**UNITED MAXXON INC.**

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USA  
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Fax: (909) 595-8600  
E-mail: scubamax2@aol.com

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Ext.: \_\_\_\_\_

City/State/Zip.: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact's E-Mail: \_\_\_\_\_ E-Mail for invoice: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Invoice will be sent with shipment or can be e-mailed or mailed per request

## Credit Card Authorization

For your convenience, we will use this authorization to charge your credit card account for your orders. These charges may include shipping cost which United Maxxon Inc may be obligated to pay on behalf of the orders freight charges. Please complete the information requested below.

Visa       Master Card       American Express

Account No.: \_\_\_\_\_ CVC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_

Cardholder billing address: \_\_\_\_\_

City/State/Zip.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_