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CREDIT CARD AUTHORIZATION

Please fax completed form to 877-721-6107 or
send the .pdf form to accounting@amkspeakers.com

I/We, _____, the undersigned(s), authorize AMK Innovations, Inc. to use
our credit card for current / future invoices.

Company Name: _____

Company Address: _____

City / State / Zip: _____

Phone: _____

To the credit card as listed below

Type of Credit Card: ___ AMEX ___ VISA ___ Master Card

Credit Card Number _____ Expiration: _____

Name on the Card: _____

CVV _____

Address on the Card: (___ Check here if the address is same as above)

Address: _____

City / State / Zip: _____