



**SAN LORENZO INT'L. INC.**  
5521 S. RIDGEWOOD AVE. - SUITE 3  
PORT ORANGE, FLORIDA 32127  
TEL: 386-322-0026  
FAX: 386-322-0728

**CREDIT CARD CHARGE FORM**

**Company Name:** \_\_\_\_\_

**Card Holder: (please print name)** \_\_\_\_\_

**Credit Card:**  VISA  MasterCard  Discover  American Ex.

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Card Holder's Signature:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

\_\_\_\_\_



**PLEASE RETURN PROMPTLY TO:  
SAN LORENZO INT'L. INC.  
5521 S. RIDGEWOOD AVE. - SUITE 3  
PORT ORANGE, FL 32127  
OR FAX TO:  
386-322-0728**