

Dear Valued Customer:

In an effort to provide the best service possible, we are pleased to present another optic payments. By following our easy instructions, you will be able to charge your payments on you Simply fill out the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, California, and the following authorization form and send it to our office in Watsonville, and the following authorization form and send it to our office in Watsonville, and the following authorization form and the following author	ur credit card.
Account # Account Name	
□ I AUTHORIZE CONTINENTAL SALES COMPANY TO CHARGE MY MONTHLY AMOUNT TO MY CREDIT CARD ON THE 10^{TH} OF THE MONTH (OR NEXT BUSIN FOLLOWING THE 10^{TH}).	
☐ I AUTHORIZE CONTINENTAL SALES COMPANY TO CHARGE THE FOLLOW MY CREDIT CARD: \$	ING AMOUNT TO
☐ I AUTHORIZE CONTINENTAL SALES COMPANY TO CHARGE MY ACCOUNT NOTIFICATION.	UPON MONTHLY
☐ I AUTHORIZE CONTINENTAL SALES COMPANY TO CHARGE MY ACCOUNT DAY OF THE MONTH.	ON THE
Type of Credit Card: □Visa □MasterCard □American Express □Discover Card	
Name of Cardholder:	
Card Number:	
Expiration Date:	
Security Code:	
Signature of Authorization:	
Date:	
Please fax back to (831) 763-6939	
We appreciate your patronage, and we hope we can continue to service you again in the future.	
Very truly yours,	
Maria Godoy Credit and A/R Manager	