



Credit Card Authorization Form

One Time Use Only

Please complete and fax - DO NOT EMAIL to Quantum Fuel Systems Fax # 949-930-3401

To the attention of _____

Quantum Fuel Systems is hereby authorized to process the following charges to the bank card stated below:

Invoice / Order Number	_____	Date	_____	Amount	_____
Invoice / Order Number	_____	Date	_____	Amount	_____
Invoice / Order Number	_____	Date	_____	Amount	_____
				Total	_____

Company Name: _____

Billing Address: _____

Phone Number: _____

Name as it appears on bankcard: _____

Signature:* _____

Date: _____ Type of Card: _____

Bank Card Number: _____

Zip Code of credit card billing address: _____

** By signing this form you authorize Quantum Fuel Systems LLC to charge your card for the amount(s) listed above.*

(Remove and destroy below information after processing. It is against PCI DSS security policies to retain for any reason)

Security Code: _____ (3-4 digit number listed on the bank card)

Expiration Date: _____