

# CREDIT CARD RELEASE FORM

## MASTER CARD & VISA ONLY

**ELECTRONIC EXPRESS**  
**1809 E Fabyan Parkway**  
**West Chicago, IL. 60185**  
**1(630)208-4600**  
**FAX # 1(630)208-4601**  
**Email- eeservice@sbcglobal.net**

**This letter serves as authorization to process payment.**

**I, \_\_\_\_\_ give Electronic Express permission to use my Credit Card for repair charges.**

**SRA# \_\_\_\_\_**

**Circle One- Master Card or Visa**

**Number \_\_\_\_\_**

**Exp. \_\_\_\_\_**

**Card Holders Name \_\_\_\_\_**

**Billing address of credit card \_\_\_\_\_**

**Validation number/last 3 numbers on the back of the card**

**Date \_\_\_\_\_**

**Contact Phone # \_\_\_\_\_**

**Contact person's name \_\_\_\_\_**

**Signature \_\_\_\_\_**

**Please keep my credit card on file Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please fax this completed form back to Electronic Express at 1 (630) 208-4601.**

**Thank you for your business.**