



President Enterprise Inc.
dba Lotus Labels
655 Tamarack Ave, Brea, CA 92821
Tel: (714) 671-9577 - Fax: (714) 671-9587

CREDIT CARD FORM

Attn: _____ From: _____

Company: _____ Pages: _____ including this page

Phone: _____ Date: _____

Fax: _____ CC: _____

Urgent

For Review

Please Reply

Credit Card Type: Visa Mastercard American Express

Card #: _____ Code: _____

Expiration Date: _____

Name on the Card: _____

Amount: _____

Billing Address: _____

Cardmember acknowledge receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Signature: _____