

Acura Spa Systems, Inc.

2954 Rubidoux Blvd. – Riverside, CA 92509

Ph: 954-687-6667 – Fax: 951-684-6677

www.acuraspa.com – sales@acuraspa.com

Credit Card Authorization Form

Date: _____

I, _____, authorize Acura Spa Systems, Inc. to

charge my: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ Security Code: _____
(For Visa, MasterCard and Discover, 3-digits on the back. For American Express 4-digits on the front.)

Online Order #: _____, in the amount of \$ _____.

Name as it appears on card: _____

Credit card mailing address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ E-mail address: _____

California Sales Tax (7.75%) will be added to all orders shipped to California address.

Freight Insurance: Yes No

Checking Yes, I authorize Acura Spa Systems, Inc. to charge me \$5.00 for Freight Insurance.

Checking No, I choose not to have Freight Insurance. I am accepting the shipping companies limited liability of \$100 if items are damaged in shipment.

Acura Spa Systems, Inc. is not responsible for any damages after product has been picked up from our facilities.

Delivery Signature: Yes No

Checking Yes, I authorize Acura Spa Systems, Inc. to charge me \$5.00 for Delivery Signature.

Checking No, I choose not to require 'Delivery Signature'. I am authorizing the shipping company to leave the shipment at the address specified solely at my risk and I will accept the shipper's delivery report.

I authorize Acura Spa Systems, Inc. to immediately start production of my order as submitted and ship my order based on Acura Spa Systems, Inc. Terms and Conditions and warranty.

Signature: X _____ **Print Name:** _____

Please fax this completed form with a copy of your order to 951-684-6677, or

scan this completed form and email with a copy of your order to orders@acuraspa.com with your name and the online order number in the subject line of the email.