

Andes International, Inc

2305 Canyon Blvd, Suite 102 Boulder, CO 80302

Credit Card Transaction Form

Visa

MasterCard

Name that appears on Card: _____

Billing Address: _____

Zip Code: _____ **Amount:** _____

Expiration Date: _____ **3 digit sec code:** _____

Company Name: _____ **Invoice/SO #:** _____

I understand that this transaction is non-reversible. I authorize & acknowledge that the
aforementioned charged will be processed to my credit card.

CREDIT CARD WILL BE CHARGED UPON RECEIPT OF THIS FORM.

Signature: _____ **Date:** _____

Please fax back to:
Andes International, Inc @ 303-530-2399