VELOX CNC USA

CREDIT CARD AUTHORIZATION RELEASE FORM

Please process the payment listed below using the following credit card:

Please fax to: 714-639-3669

Please email to ron@veloxcnc.com

VELOX USE

Payment Information

Name on Card	
Quote or Invoice #	
Description	
Quote or Invoice Total Amount	$
Deposit To Charge 50% Down	$
Final Payment to Charge 4-7 days prior to shipping	$

Transaction Information

Card Type	☐ VISA ☐ MC ☐ AMEX
Card Number	
Exp. Date	
CSC (CODE)	

Billing Information

Billing Address	
City	
State	
Zip	

Shipping Information

Same as Billing ☐	
First Name	
Last Name	
Shipping Address	
City	
State	
Zip	

I authorize Liboon Group, Inc (DBA VELOX CNC) to process my card for the above amount.

Authorized Signature:	
Date:	

VELOX CNC USA

Liboon Group, Inc (DBA VELOX CNC)

SHIPPING ACKNOWLEDGEMENT AND CUSTOMERS INFORMATION.

THE BUYER ACKNOWLEDGES THAT ANY SERVICES REQUESTED AFTER THE CRATE IS ON THE TRUCK FOR DELIVERY OR AT THE TIME OF DELIVERY, THAT THE BUYER WILL BE RESPONSIBLE FOR ADDITIONAL FEES AND WILL BE BILLED THE APPROPRIATE FEES ONTO THE BUYERS CREDIT CARD. TO AVOID ANY ADDITIONAL FEES PLEASE PROVIDE ACCURATE INFORMATION. EVEN A SLIGHT CHANGE IN INFORMATION BY THE BUYER MAY RESULT IN FEES BILLABLE TO YOU THE BUYER. THE BUYER ACKNOWLEDGES AND AUTHORIZES ANY FEES BE CHARGED ONTO THE BUYER'S CREDIT CARD DUE TO THE BUYERS REQUEST FOR ADDITIONAL SERVICES STATED AS ABOVE.

SHIP TO ADDRESS.

ADDRESS1: _____

ADDRESS2: _____

CITY: _____ STATE: _____ ZIP: _____

RECEIVER'S FULL NAME: _____

RECEIVER'S CONTACT PHONE NUMBER: _____

PLEASE ACKNOWLEDGE THIS. LIFTGATE IS NOT GAURANTEED UNLESS WE STATE IT IN WRITING. LIFTGATE TRUCK MAY ADD TO ANY DELIVERY TIMES THAT WE QUOTE. ☐

I REQUEST A LIFT GATE. ☐
$45.00 WILL BE ADDED IF NOT STATED ON THE QUOTE OR INVOICE.

THE SHIPMENT IS BEING DELIVERED TO RESIDENTIAL ADDRESS: ☐
$35.00 WILL BE ADDED IF NOT STATED ON THE QUOTE OR INVOICE.

I HAVE READ THE ABOVE AGREEMENT. ☐

SIGNATURE: _____ DATE: _____