

WEST COAST OFFICE

COOLLID CORPORATION
7545 Irvine Center Drive
Suite 200
Irvine, California 92618
(877) 98-Coollid (982-6655)
Order@Coollid.com
Fax: 1-800-655-5148



WEST COAST FULFILLMENT CENTER

COOLLID CORPORATION
10825 7th Street
Suite C
Rancho Cucamonga, CA 91730
(909) 480-1800
Order@Coollid.com
Fax: 1-800-655-5148

CREDIT CARD AUTHORIZATION

CARDHOLDER INFORMATION

Name _____
Billing Street Address: _____
Street Address (Cont.): _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Address: _____
Direct Telephone: (_____) _____ - _____

ORDER INFORMATION

Purchase Order: _____
Invoice Number: _____
Product Type: _____

CREDIT CARD INFORMATION

Credit Card Type: Master Card Visa American Express Discover Card
Number: _____
Expiration Month: _____ Expiration Year: _____
Security Code: _____

AUTHORIZATION

I authorize a one-time charge against my credit card for the follow amount \$ _____
Cardholder Signature X _____ Date ____/____/____

***please email credit card Authorization to order@coollid.com or submit here online

Submit