

Credit Card Charge Authorization Form

(All information provided will be held under strict confidentiality)

Please complete and sign this form.
 Please fax the completed form to 561-791-8728.

| | |
|--|---|
| Date: | |
| Purchase Order #: | |
| Quotation #: | |
| First Name: | |
| Last Name: | |
| Company/University: | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Credit Card Type: | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover |
| Credit Card Number: | |
| Name on Card: | |
| Expiration Date (MM/YY): | |
| CVV* Number: | |
| Credit Card Billing Address**: | |
| City: | |
| State: | |
| Zip Code: | |
| Country: | |
| By signing this authorization, I agree to pay charges pertaining to this order plus shipping & handling. | |
| Signature: | |
| *CVV (Card Verification Value): (1) For Visa and MasterCard, the three-digit CVV is printed on the back of the card immediately after the credit card last four digits. (2) For American Express, the four-digit CVV is printed on the front of the card above the credit card number. | |
| ** Credit Card Billing Address: This is where the bank sends the statement to. | |