Testrite visual

Innovative, Value driven, American made.

Credit Card Authorization

I hereby authorize Testrite Visual Products to charge my Credit Card as detailed below.
I agree to pay the amount below according to the credit card issuer agreement.

CREDIT CARD: (CHECK ONE)

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER NETWORK

AMOUNT AUTHORIZED:

$

CREDIT CARD ACCOUNT NUMBER:

EXPIRATION DATE:

Month Year

SECURITY CODE:

3 or 4 digit #

Company Name: _____

Billing Street Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Phone: _____ *Fax:* _____ *Email:* _____

Cardholder's Name: _____

Cardholder's Signature: _____ *Date:* _____

INCLUDE SHIPPING COSTS ON CREDIT CARD:

☐ ***YES - CHARGE** UPS SHIPPING* ☐ ***NO - USE MY UPS** ACCOUNT #:* _____

☐ ***NO - USE MY FEDEX** ACCOUNT #:* _____

PLEASE FAX Completed Form to: 201.543.2195

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