

CREDIT CARD AUTHORIZATION FORM FOR EQUIPMENT SALE OR SERVICE

This form is to be completed by an authorized credit card holder for the card listed below. In order to process your order efficiently, please fill in all blank spaces as required. Thank you.

TODAYS DATE: _____
COMPANY NAME: _____
NAME (AS IT APPEARS ON CARD): _____
CARD NUMBER: _____
EXPIRATION DATE (ON CARD): _____ CVV Code: _____
CREDIT CARD BILLING ADDRESS (WHERE CREDIT CARD STATEMENT IS SENT TO):
STREET: _____
CITY: _____ STATE: _____ ZIPCODE: _____
SHIP TO ADDRESS:
STREET: _____
CITY: _____ STATE: _____ ZIPCODE: _____

I hereby authorize NATIONAL TEST EQUIPMENT to charge the credit card referenced above. I understand that the amount of \$ _____ will be charged according to:

Quote: _____ and is subject to NATIONAL TEST EQUIPMENT's terms and conditions.

In addition, all applicable taxes will be charged to the card as required by the State of California and the United States (if applicable).

Furthermore, an additional amount for shipping costs may be charged to the card if prior arrangements have not been made.

Thank you for your order and we look forward to assisting you with all your test equipment requirements.

AUTHORIZED CARD SIGNATURE: _____

PLEASE PRINT CARD SIGNATURE NAME: _____