

Testritevisual[®]

Credit Card Authorization Form

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)

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AMOUNT AUTHORIZED:

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CREDIT CARD ACCOUNT NUMBER:

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EXPIRATION DATE:

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Month

Year

SECURITY CODE:

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3 or 4 digit #

Only put the last 4 digits of the credit card & provide a phone number to call for the remaining numbers.

Phone # to get remaining digits: _____

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