

# CREDIT CARD AUTHORIZATION FORM

**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT BY FAX**

Company name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Type:

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date:

\_\_\_\_ / \_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Amount Authorized: \$ \_\_\_\_\_ (USD)

(If you are unsure of the price just put down the list price + shipping)

**J.P.Instruments Inc.**

**PO Box 7033**

**Huntington Beach CA 92646**

**1-800-345-4574**

**FAX 714-557-9840**