

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