

CREDIT CARD AUTHORIZATION FORM

Company name: _____

Cardholder Name: _____

Address: _____

Signature: _____

Credit Card Type:

VISA _____ MASTERCARD __ AMEX _____ DISCOVER _____

Credit Card Number:

Expiration Date: _____ - _____ - _____
_____ / _____

Billing Zip Code: _____

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



*Card
Identification
Number*

Amount Authorized: \$ _____ (USD)

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

J.P.Instruments Inc.

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