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CREDIT CARD AUTHORIZATION FORM

Please complete form and return via email to your Sales Representative.

Card Choice (choose from drop-down menu)	
Credit Card #	
Credit Card Expiry	
CVC	
Cardholder Name on Card (if applicable)	
Company Name on Card (if applicable)	
Cardholder Address	
Name of Bank issuing Credit Card	
Dollar Amount	
Description of Payment: Purchase Order, Sales Order, or indication payment details should be kept on file for future purchases	

Additional charges may applicable for cores and/or shipping charges.

I, _____, acknowledge additional charges may be applicable for Supplementary Core Invoices, Evaluation Fees and additional taxes incurred. I agree that this credit card may be processed for any charges that occur after the shipment has been sent. Subject to additional administration and convenience fees

Signed _____

Date _____

I agree that the typed signature above is the electronic representation of my acknowledgment that the information provided is correct and agreed upon.