



CREDIT CARD AUTHORIZATION

Billing Information:

First & Last Name:

Company Name:

Address:

City, State Zip:

Phone:

Fax:

E-mail:

Shipping Information:

Same as Billing? Yes/No

First & Last Name:

Company Name:

Address:

City, State Zip:

Payment Information:

Card Type:

Card Number:

Expiration Date:

Amount:

Card Code:

Additional Information:

Invoice #:

Description:

Tax:

PO Number:

Freight:

Note: Credit Card Payment will include 3% surcharge, 5% for AMEX

By signing this form, you authorize TLC Calibrations Company, LLC. to charge your credit card for the amount listed above (plus the credit card surcharge, if not listed in the total).

Signature:

Date: