Credit Card Authorization Form



3008 Cornwallis Rd, PO Box 12057 Research Triangle Park NC 27709

Please fill out and send completed form to: agoodwin@troxlerlabs.com or fax 919.558.0443

All information will remain confidential

Cardholder Name: _____

Billing Address: _____

_____

Email for receipt: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____/_____ Security Code:_____ **Total to Charge: $** _____

Invoice	Amount

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I authorize Troxler Electronics to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print name, sign, and date below:

Name: _____

Dated: _____/_____/_____

Signed: _____