SCIENSCOPE

5751 Schaefer Avenue, Chino, CA 91710
Tel: 909-590-7273 Fax: 909-494-5513
✓ Accounting – Ext.812 & 814

Credit Card Charge Authorization Form

PO/Invoice No.: _____

Date: _____

Company Name: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Zip Code _____

Contact Phone Number: _____

Credit Card Number: _____

Type of Credit Card: Visa □ Master □ AMEX □

Security Code: _____
(Visa, MC - 3 digit on the back of the card)
(AmEx - 4 digit)

Expiration Date: _____

***Amount :** _____

A 5% processing fee will be added to all credit card payments.
By signing below, I authorize the charge of the amount listed above plus a 5% credit card processing fee to my credit card account.

Authorized Cardholder's Signature: _____