



Authorization to Charge Credit Card

Please complete this form to authorize QRS Calibrations Inc. to charge your credit card for your outstanding balance. Fax the completed form to 951-346-3329.

Customer Information

Company/Customer Name _____
Street Address _____
City/State/Zip _____
Phone _____ Fax _____

Credit Card Information

Name as it Appears on Credit Card _____
Address as it appears on Credit Card Statement _____
Street _____
City _____ State/Zip _____
Credit Card Number _____
Credit Card Exp Date: _____
Visa/MC: 3 Digit CRV Code _____ Amex 4 Digit CRV Code _____
Credit Card Type (Check One): Visa Mastercard American Express
Charge for Invoice # _____ Charge for \$ _____

Authorizing Cardholder Signature

I authorize QRS Calibrations Inc to charge the credit card listed above. I agree to Pay amount outstanding in accordance with the card issuer agreement. Credit Card payment will be processed prior to shipment of product per purchase orders or written notice received. This authorization shall remain on file for any outstanding balances, until the point that you have received written notification from QRS Calibrations Inc that credit terms of Net 30 Days have been established. QRS Calibrations Inc is then authorized to charge the credit card for any past due balances, upon the 5th day that the account has become delinquent, based on terms of Net 30 days from date of shipment.

Authorized Signature _____ Date ____/____/____

Print Name _____ Title: _____

Phone Number (____) _____ - _____ Ext _____

QRS Calibrations Inc

12831 Moreno Beach Dr Ste # 107-281 Moreno Valley Ca 92555 USA

www.qrscalibrations.com

V2: 12/08/09

Telephone Facsimile

951-643-4000 951-346-3329

CONFIDENTIAL

OFFICE APPROVAL: _____ DATE: _____