



STS Instruments
 17711 Mitchell North
 Irvine, CA 92614-6028
sales@stsinstruments.com
 Phone:(888) 580-223-477
 Fax: 580-226-5757

CREDIT CARD AUTHORIZATION

Date _____

I, _____, hereby authorize STS Instruments to utilize the below referenced credit card to satisfy payment and/or security for rental or purchase transaction(s) also listed below.

Card # _____ Exp. Date _____

Master Card Visa Discover American Express

Verification # _____ (3 or 4 digit code card)

Cardholder _____

Card Billing Address _____ City _____ State, _____ Zip _____

Purchase Order # _____ Order Amount _____

Card member acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.

Additionally, the below listed representative/employee is hereby authorized to bind, with their signature, the above referenced credit card on behalf of the cardholder in order to satisfy payment and/or security to STS Instruments.

Name of Representative/Employee _____

Representative/Employee Signature _____

Cardholder Signature _____ Date _____

Email completed form to: sales@stsinstruments.com