



Credit Card Authorization Form

Customer's Information

Company _____

Address _____

City _____

State/ Province _____ Zip/ Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Email _____

P.O. Number _____

P.O. Date _____

Fax or send to:
800-356-1250 (or 603-676-7547)

KNS Instruments.com
PO Box 358
Sunapee, NH 03782
USA
800-356-4920 (or 603-873-4865)

Office hours:
(Eastern Time Zone)
Monday-Thursday 9:00 A.M. - 4:30 P.M.

Card Information

I authorize to charge my credit card in the amount of _____ as part or full payment for the Invoice / Order # _____

Type of Credit Card Visa Mastercard Card Verification # (3 digits on back of card) _____

Credit Card # _____ Expiration Date _____

Name on Credit Card _____ Phone # _____

Billing Address on Card _____

City _____

State/ Province _____ Zip/ Postal Code _____ Country _____

Card Holder's Signature _____

Today's Date _____

Please sign and fax to # above.

By signing this form, I understand and agree to these terms and expressly waive any rights to credit card charge backs as a means to mediate disputes.