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## CREDIT CARD AUTHORIZATION FORM

### Credit Card Information

Credit Card Type:    VISA     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name On Card: \_\_\_\_\_

VCode\* \_\_\_\_\_

\*VISA/MC: Last 3 digits in signature block on back of card

\*Amex: (4) digits printed on card face after 15 digit number

Amount: \_\_\_\_\_

### Billing Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code \_\_\_\_\_

### Authorization

I hereby authorize Artisan Scientific Corporation to charge the amount shown above to the credit card specified above. I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_