



METRICTEST™

Credit Card Authorization

Quote# _____

Company Name: _____

Cardholder: _____

Cardholder's Phone#: _____

Billing Address: _____

Shipping Address: _____

Card Number: _____

Expiration Date: _____

Type: Visa - MasterCard - American Express - Discover

Cardholders Signature: _____

Date: _____

Freight Company / Acct#: _____

Freight Method
(ie. Ground, 2-day, overnight) _____

Taxable _____ **Non-Taxable** _____

If order is non-taxable, please forward a copy of your tax exemption or resale certificate, so we may bill your order accordingly

I, the above signed, give authorization to Metric Equipment Sales to charge my credit card for agreed upon purchases. For the purpose of reoccurring purchases and monthly rentals, Metric Equipment Sales reserves the right to charge this account without requiring the customer's signed authorization.

6,000 INSTRUMENTS. ONE SOURCE.

| TEL: 510-264-0887 / 800-432-3424 | FAX: 510-264-0886 |

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