



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
(i.e. Ground, 2-day, overnight) _____

TAXABLE _____ NON-TAXABLE _____

If order is Non-Taxable, Please forward a copy of your tax exempt certificate or resale cert, so we may bill accordingly. As we will not ship without a tax exempt certificate

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

6,000 INSTRUMENTS. ONE SOURCE.

3486 INVESTMENT BLVD. HAYWARD, CA 94545 | TEL: 510-264-0887 / 800-432-3424 | FAX: 510-264-0886 | WWW.METRICTEST.COM