



Please complete and fax to:  
203-798-6606

### Credit Card Authorization Form

\* represents required fields

Purchase Order: \_\_\_\_\_ **OR**

Quote # \_\_\_\_\_

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

Line Item # \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Check:                      Visa                      Master Card                      Discover                      Amex

\*Name on Credit Card: \_\_\_\_\_

Phone # \_\_\_\_\_

\*Credit Card Number: \_\_\_\_\_

Fax # \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_ \*CVC2: \_\_\_\_\_

Customer Code  
(if applicable) \_\_\_\_\_

\*CC bill to address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Authorized signature: \_\_\_\_\_  
(Must be name on the credit card)

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

Please note that subsequent charges for shipping may appear on the credit card.

For Internal Use Only:	To be completed by Memry Corporation
Sales Order: _____	Inv #: _____ Invoice Amt: _____
Approval Code: _____	Date: _____