

Carbidetek Inc.

PO BOX 93113. Industry, CA91715-3113
Tel: 1-626-508-1014 fax: 1-626-228-2482
e-mail: sales@carbidetek.com
web: www.carbidetek.com

P.O Number _____

P.O. Date _____

Charge Authorization Form

Ordered By

Company _____
Address _____
City _____
State/Province _____ Zip/Postal Code _____
Country _____
Phone Number _____
Fax Number _____
Contact Name _____
E-Mail _____

Deliver To

Same as Billing Address

Company _____
Address _____
City _____
State/Province _____ Zip/Postal Code _____
Country _____
Phone Number _____
Fax Number _____
Contact Name _____
E-Mail _____

All customers -- U.S., Canada, and international -- can use the Charge Authorization Form below to buy using Visa, MasterCard, or American Exp. You can fax the form to 1-626-228-2482.

Card Holder Name _____ 3 or 4 Digits Verification No on back of Visa, Mastercard, or AMX _____

Visa MasterCard Discover AMX

Credit card # _____ Exp. date (mm/.yy) _____

Issuing Bank _____

USD\$

I hereby authorize Carbidetek Inc. to debit the above credit card in the amount of

Any special shipping or payment instructions

Authorized By