





ACCOUNT INFORMATION

Credit Card Type (Check One):    

Company: _____

Name on Card: _____

Credit Card Number: _____

CCID (Security Code): _____ Expiration Date: _____

BILLING INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

AUTHORIZATION AGREEMENT

I, _____, hereby certify that I am authorized to use the above credit card and authorize **US MICRO SCREW** to settle my account balance in US Funds to the bank account information provided herein, and indemnify company against any and all claims disputing the charge of this credit card. This authorization is to remain in full force and effect until **US MICRO SCREW** has received *written* notification from me of termination in such time and in such manner as to afford **US MICRO SCREW** and bank a reasonable opportunity to act.

Signature of Card Holder _____ Date _____

Print Name _____