

# CREDIT CARD PAYMENT FORM

**Attn:** Order Department  
**To:** Narishige International USA, Inc.  
**Fax:** 631-841-0066  
**Email:** info@narishige-usa.com

**DATE:** 09/25/2017

**Please make sure all the information below are correct before faxing to us.**

	BILLING INFORMATION	SHIPPING ADDRESS
<b>Name:</b>		
<b>Department:</b>		
<b>University or Company:</b>		
<b>Street:</b>		
<b>City:</b>		
<b>State / Province:</b>		
<b>Postal Code:</b>		
<b>Country:</b>		
<b>E-mail:</b>		
<b>Phone:</b>		
<b>Fax:</b>		
<b>Tax Exempt Number:</b>		

**Purchase / Repair:**      **for:**      **Quotation Number:**

Model No.	Unit Price	Qty.	Extension
	0.00		0.00
	0.00		0.00
	0.00		0.00
	0.00		0.00
	0.00		0.00
<b>Shipping / Handling:</b>			0.00
<b>Total Charge:</b>			0

(There is a minimum order of \$25.00.)

**Additional Request:**

## PAYMENT INFORMATION:

**Credit Card Company:**

**Card Number:**

**Expiration Date:**      /

**Verification Code:**

**Cardholder's Name:**

**Cardholder's Address:**

(Verification Code is three digits after your card number which is shown on the back of the card.)

**Cardholder Signature:** \_\_\_\_\_