

CREDIT CARD PAYMENT FORM

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

DATE: 11/24/2017

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

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

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
Shipping / Handling:			0.00
Total Charge:			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: _____