



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Company Name: _____ PO# _____

Cardholder Name: _____

Billing Address: _____

City: _____ State _____ Zip Code _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____ Expiration Date: _____

Card Identification Number* (security code located on the back or front of the card): _____

*Required for processing

PO Amount: \$ _____ (USD)

Freight Amount: \$ _____ (USD)

Total: \$ _____ (USD)

I authorize Comstat to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Name: _____

Signed: _____ Date: _____

Once signed email or fax the completed form to:

Email: Lynda@comstatinc.com

Fax: (603) 679-4626

Comstat Inc.
9 Vahey Drive
Brentwood, NH 03833

(603) 679-4655