



Credit Card Authorization Form

**** Must be filled out before repair/calibration is performed ****

Simpson Electric gladly accepts MasterCard, Visa, American Express and Discover.

Please complete the information below and fax to 715-588-3326 or email SimpAccounting@simpsonelectric.com

1. Credit Card No: _____

2. Credit Card Expiration Date: _____ CVV Code: _____ (Last three digits on back of card)

3. Credit Card Holder Name: _____

4. Billing address of credit card statement:

Street: _____

City, State Zip Code: _____

5. Customer No: (if known) _____

6. Customer Name: (if different than Card Holder Name)

7. Amount to be charged on credit card: \$ _____

8. Invoice #'s: (If more space is needed please provide separate page): _____

9. Additional Instructions: _____

For a copy of your credit card receipt please provide one of the following:

10. Fax No: _____

11. E-mail address: _____

Thank you,

Simpson Electric Company