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**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](mailto: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**