



# AMERICAN PROBE & TECHNOLOGIES

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## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO  
US.

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit  
card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

Order Reference: \_\_\_\_\_

I authorize American Probe & Technologies, Inc. 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:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_