



Credit Card Order Form

Date: _____

Return completed form to sales@core-sensors.com

PO #: _____

Billing Address:			
Company Name:			
Cardholder First Name:			
Cardholder Last Name:			
Street Address:			
City:		State:	
Zip Code:			
Country:			
Phone Number:			
Email Address:			

Shipping Address: <input type="checkbox"/> Check if same as Billing Address			
Company Name:			
ATTN First Name:			
ATTN Last Name:			
Street Address:			
City:		State:	
Zip Code:			
Country:			
Phone Number:			
Email Address:			

Quantity	Model Number	Description	Price (\$USD)	Total
Customers are responsible for providing sales tax exempt forms when applicable. Orders billed/shipped in NJ will be charged sales tax if no exempt form is submitted.			Order Total:	

Carrier UPS FedEx

Service	<input type="checkbox"/> Ground	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> Standard Overnight	<input type="checkbox"/> Overnight Early AM
Terms	<input type="checkbox"/> Prepay & Add <input type="checkbox"/> Collect – Please provide account number:				

Card Type MasterCard Visa American Express Discover

Card Number				
Expiration Date		Security Code		Billing Zip Code

I authorize Core Sensors, LLC to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

CARDHOLDER SIGNATURE _____