**Credit Card Authorization Form**

Cardholder Name:

Phone Number

Billing Address:

Credit Card Type (Visa / MasterCard):

Credit Card Number:

Expiration Date:

Card Identification Number (last 3 digits on the back):

Amount to Charge:

Reference Number (Quote Number / Order ID):

I authorize **Biomatik**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:

Signature:

Date:

Print Name:

**Once signed return the completed form by fax: 1-877-221-3515 (USA/Canada)   
or 1-519-231-0140 (Outside USA/Canada), or by email: order@biomatik.com**