



4601 DTC Boulevard, Suite 500
Denver, CO 80237-2596
303.337.0990

CREDIT CARD AUTHORIZATION FORM

FAX TO: 303.337.3005 OR
EMAIL TO: AccountsReceivable@McREL.org

I, _____, hereby authorize
McREL International to charge my credit card account in the amount not to exceed
\$_____.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Discover |

Credit Card Number: _____

Expiration Date (mo/yr): _____ CID/V Code: _____

Credit Card Billing Address:

Street: _____

City/State/Zip: _____

Country: _____ Telephone: _____

As the credit card holder, I hereby authorize the above-noted charge:

Cardholder's Signature

Date

Email Address for receipt: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information entered on this form will be kept confidential and this form will be shredded after the charge is made.