

# INTEGRATED SCALE SYSTEMS

Supplier of Industrial Weighing & Control Equipment

## CREDIT CARD AUTHORIZATION

Credit Card **MUST** be a company credit card or the personal card of an owner, principal, or officer of the company

### Customer Information:

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

Customer Account Number (if known): \_\_\_\_\_

Select Option:  Blanket Approval       Single Approval – Order No.: \_\_\_\_\_

### Credit Card Information:

- Issued by:  American Express  Visa  MasterCard  Discover
- Card type:  Company / Corporate  Personal
- Card No.: \_\_\_\_\_ Exp. \_\_\_\_\_
- Card ID# \_\_\_\_\_ (3-digit on back of **Visa/Mastercard/Discover** or 4-digit on front of **American Express**)
- Cardholder's Name: \_\_\_\_\_ (**As it appears on card**)
- Credit Card **Billing** Address:  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Phone No.: \_\_\_\_\_ Ext. \_\_\_\_\_ Bank No.: \_\_\_\_\_

\*\*\*\* I authorize Integrated Scale Systems to charge purchases of product to the above credit card in the event:

- Invoice terms reflect "credit card" as method of payment
- Payment of invoices billed under other terms, e.g. Net 30, is not received during the billing time period. Credit card will be charged once payment is determined to be overdue. This will incur a 1.5% surcharge.

\_\_\_\_\_  
Cardholder's Printed Name

\_\_\_\_\_  
Cardholder's Title

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**Please fax this form along with a copy of the credit card to 973-808-5055.**