

**US Instrument Services  
1607 Hart Court Suite #200  
Southlake Texas 76092  
800-870-0787 Toll Free  
817-481-1666 International  
817-251-0391 Fax**

## **Authorization to Charge Credit Card**

I, \_\_\_\_\_ hereby authorize US Instrument Services  
(please print cardholder name)  
to bill my credit card in the amount of \$ \_\_\_\_\_ for the

(circle one)      sale    monthly rental

of electronic test equipment. I understand monthly rentals will be rebilled in advance every 30 days from the shipment date until it is returned to US Instrument Services.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contact Information**

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Mastercard      VISA      American Express

CC Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Name On Card \_\_\_\_\_

Security Code \_\_\_\_\_

Is the Billing Address Same as the Ship to Address? Y N

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

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

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

Shipping 1Day 1 Day AM 2 Day Ground

US Account Federal Express UPS Airborne DHL Post Office Customer Pickup Delivery

Account # \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Date \_\_\_\_\_

**Fax completed form to (817)-251-0391**