



MICROFARADS, INC.

4040 SPENCER

TORRANCE, CA 90503

(310) 370-3106

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CREDIT CARD AUTHORIZATION FORM

Please print out and complete this authorization and return. All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____

Amount to Charge : \$ _____ USD

I authorize _____ 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:

Signed: _____

Dated: _____

Name: _____

Once signed please return to Microfarads for confirmation

Thank You!

1. The order cannot be cancelled.
2. No Returns can be made other than manufacturing defects.
3. The order may not be rescheduled.

