



### Purchasing Order & Credit Card Authorization Form

If you wish to charge the amount of your advance orders to your credit card account, please complete the information requested below and fax this form to (909)718-0998 Lasermate Group, Inc. Attn.:

		<b>Purchasing Order</b>	<b>Date (mm-dd-yy):</b> _____ - _____ - _____
<b>QTY</b>	<b>Model No.</b>	<b>Brief Description</b>	<b>Unit price      Amount</b>

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(International shipping: please ask for the cost of freight) SALES \_\_\_\_\_

(Shipping <1lb in California only: 1 week \$10.00; 2nd Day \$13.00; Next Day \$22.00) FREIGHT \_\_\_\_\_

(Shipping <1lb in USA: 1 week \$12.00; 2nd Day \$22.00; Next Day \$35.00)

(9.50 % sales tax for California residents) SALES TAX \_\_\_\_\_

TOTAL \_\_\_\_\_

**Note: Please add \$4.00 more for the residential address and \$5.00 more for the residential signature required.**

### Credit Card Authorization Form

Charge to:  MasterCard  Visa  American Express **Total Amount: USD** \_\_\_\_\_

Card No. : |\_\_|\_\_|\_\_-\_\_|\_\_|\_\_|\_\_-\_\_|\_\_|\_\_|\_\_-\_\_|\_\_|\_\_|\_\_|\_\_|

Expiration Date: |\_\_|\_\_|\_\_|\_\_|      **3-Digit Security Code** (on the back of card): |\_\_|\_\_|\_\_|

**American Express 4-Digit Security Code** (on the front of card): |\_\_|\_\_|\_\_|\_\_|

Cardholder's Name: \_\_\_\_\_ **Company Card:** Yes \_\_\_\_\_ No \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

\_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

