



MELVILLE, NEW YORK 11747
TEL (631) 777-8900 FAX (631) 777-8877
CREDIT CARD AUTHORIZATION FORM

CUSTOMER INFORMATION

NAME: _____ DATE: _____

COMPANY/AGENCY: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TEL: _____ FAX: _____

TYPE OF TRANSACTION

REPAIR: _____ NEW PRODUCT: _____ SPARE PART: _____

CREDIT CARD INFORMATION

NAME ON CARD: _____

CREDIT CARD NO.: _____ CARD TYPE: _____
(M/C OR VISA)

CUSTOMER CODE: _____ EXPIRATION DATE: _____
(3 OR 4 DIGIT NUMBER LOCATED ON BACK
OF CARD AFTER CARD NUMBER)

AUTHORIZATION AMOUNT: \$ _____

CUSTOMER SIGNATURE: _____

ORDER INFORMATION

PART NUMBER(S): _____

JOB/INVOICE NUMBER: _____
(SUPPLIED BY COMTECH)

CUSTOMER P.O. NUMBER: _____

PLEASE FAX THIS FORM TO 631-777-8877, ATTN: ACCOUNTS RECEIVABLE, NO OTHER
FORMS OF AUTHORIZATION WILL BE ACCEPTED.

IF YOU ARE HAVING PROBLEMS SENDING THIS FORM PLEASE CALL 631-777-8900
OR E-MAIL AT SUPPORT@COMTECHPST.COM.