



Credit Card Blanket Authorization Form

Customer Information

Customer Number: _____

Customer Name: _____

Contact Name: _____

Contact Phone: _____

Credit Card Information

Process credit card charges: ☐ As Invoiced ☐ Weekly

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Name on Credit Card: _____

Billing Address of Credit Card: _____

E-mail receipt to: _____

**Required*

Invoice Information

Send Invoice Copies: ☐ Yes ☐ No

If yes, send to: ☐ E-Mail _____
☐ Fax _____

Customer Authorization

I do hereby authorize Scientific Equipment Company located at 15 Kent Road, Aston, PA 19014, by way of the following signature, to make periodic charges to the account referenced above. This authorization will remain in effect until canceled by the authorizing signature only. It needs to be in writing, with a 10 days advanced notice.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____