



Credit Card Authorization

Company Name: _____

Invoice Number(s): _____

Items Ordered: _____

Card Number: _____ Exp. Date: _____

Name on Card: _____

Security Code
(3-4 Digits): _____

Address Credit Card is Billed to:

Phone: _____

Fax: _____

Email: _____

Authorized Signature: _____

Date: _____

**Please complete and sign the above form and fax or email to
Kayla Griggs at 661.251.2067 or kaylag@h2wtech.com**

Thank you!

Innovation in Linear Motion