		Document Title:	: PHONE ORDER / CREDIT CARD AUTHORIZATION FORM					
micronor		Document #:	94-QMS-312	Revision	A			
		Effective Date:	10/25/2016	Page	1 of 1			
		Approved by:	– Quality Manager					
Date:		_	Email the form to <u>sales@</u>	<u>@micronor.com</u> OR F	ax to (805) 389-6605			
Contact:			Title:		Company:			
Phone: ()	ext:	Notes:					
Quote #:								
Bill To:	Bill To: Same as Shipping Address See Quote Ship To: Same as Billing Address See Quote							
Company:	Company:							
Address:				Address:				
City, State Zip				City, State Zip				
-		Credit Card 🔲		Method:				
				p Speed: 1 Day	□ 2 Day □ 3 Day □ Ground □			
	CC Type: AMEX (3% Surcharge) VISA MC							
CC #	CC #		I here	I hereby authorize Micronor Inc. to charge the credit card for the products mentioned below				
DO NOT RETAIN, SHRED		TAIN, SHRED AFTER ENTRY	r Signe	-	day of, 20			
Exp (MM/YY):	/	CCV:		(Day)	(Month) (Year) (Signature of Employee Named Above)			

For Security Purposes, Provide Credit Card Information over the Phone or Fax Only

□ No Changes Required. Order per Quote. Ord	ler Tax Type: 🗌 Taxable 🛛 Non-Taxable			
Part # and Do	escription	Qty	Unit Price	Ext. Price