



Please complete and fax to:
203-798-6606

Credit Card Authorization Form

* represents required fields

Purchase Order: _____ **OR** Quote # _____

Company Name: _____ Line Item # _____

Shipping Address: _____

Please Check: **Visa** **Master Card** **Discover** **Amex**

*Name on Credit Card: _____ Phone # _____

*Credit Card Number: _____ Fax # _____

Please call your Customer Service Rep to give the actual CC # information

*Expiration Date: _____ *CVC2: _____ **Customer Code**
 (if applicable) _____

*CC bill to address: _____

*Authorized signature: _____
 (Must be name on the credit card)

Date: _____

Please note that subsequent charges for shipping may appear on the credit card.

For Internal Use Only:	To be completed by Memry Corporation
Sales Order: _____	Inv #: _____ Invoice Amt: _____
Approval Code: _____	Date: _____