



Credit Card Authorization

Buyer: _____ Invoice #: _____

Amount to be charged: \$ _____

Credit Card Information:

Credit Card Type (circle one):

MasterCard Visa Discover American Express

Credit Card Number: _____

3 digit code on back of card:
(4 digit code of front if Amex): _____

Expiration Date: _____

Name as it appears on Card: _____

Billing Address:
Street: _____

City: _____

State: _____ Zip _____

Country: _____

Shipping Address: (if different from billing address)

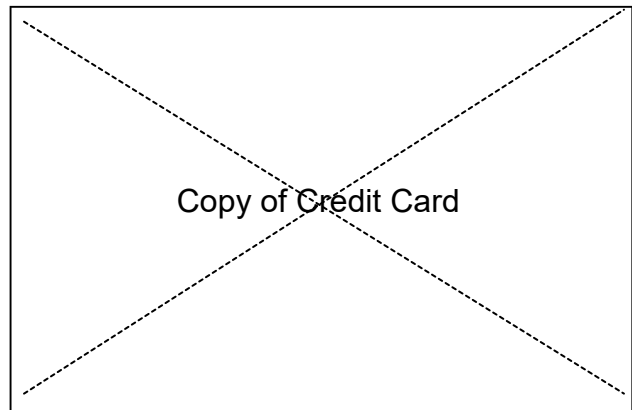
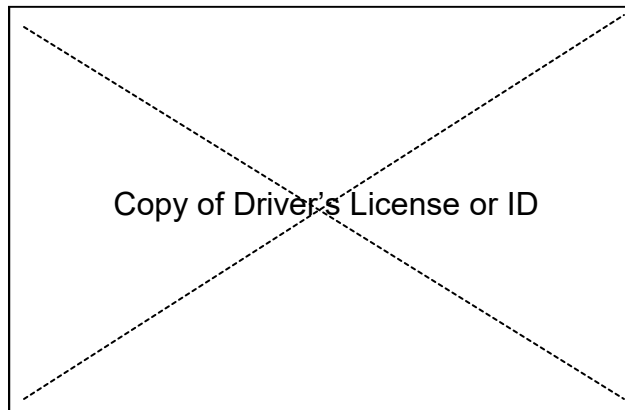
Street: _____

City: _____

State: _____ Zip _____

Country: _____

SIGNATURE: _____



Fax completed form to (937) 314-0115 or e-mail to info@bern timers.com