

Credit Card Payment Authorization

Asterisk (*) fields are required		Date:
Payment Information		
Customer Name:		Customer PO:
Part #:	Quantity:	Amount Due:
Part #:	Quantity:	Amount Due:
Part #:	Quantity:	Amount Due:
Part #:	Quantity:	Amount Due:
		NRE Amount Authorized:
		Total Amount Authorized:
Condit Cond Information		
Credit Card Information Credit Card		Bill To Address
Card Type:		Address:
Name on Card:		City:
Card Number:		Country:
Security Code:		State/Province: Zip Code:
Expiration Date:		
Freight Collect #:	if none pro	vided we will charge CC at time of shipment.



Credit Card Payment Authorization

Shipping Informatio	n		
☐ Same as Billir	ng Address Ship Via:		
Address:			
City:			
Country:			
State/Province:	Zip Code:		
You hereby authorize Epec, LLC to charge this credit card one time only the total amount authorized as written above. If no shipping account provided, we reserve the right to charge the CC on file for shipping charges at time of shipping will also result in an additional charge.			
* All payments on involute fee as of January 12, 20	ces made by credit card which are equal to or greater than USD \$5000 will incur a 2.5% processing 23.		
Signatu	ire Date		
	We accept Mastercard, Visa, American Express and Discover		