

# CREDIT CARD AUTHORIZATION

Please print out authorization complete and return to us at [fred.zapico@sifamtinsley.com](mailto:fred.zapico@sifamtinsley.com)  
or [psk@sifamtinsley.com](mailto:psk@sifamtinsley.com)

**CREDIT CARD TYPE (Pls check)**

VISA \_\_, MASTER CARD \_\_, AMEX \_\_

**NAME ON CARD:**

**CARD NUMBER:**

**EXPIRATION:**

**SECURITY CODE:**

**BILLING ADDRESS:**

**AMOUNT TO CHARGE US \$.....**

I authorize Sifam Tinsley Instrumentation, INC. to charge this amount to the above credit card. For Confirmation, please print name, sign and date below

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Thank you

Sifam Tinsley Instrumentation Inc.