



CREDIT CARD AUTHORIZATION FORM

Toll Free: 800.258.9751 Fax: 281.492.0150 www.kiscurrentsensors.com



ORDER INFORMATION

Order Number		Order Date	
Company Name		Contact Name	
PO Number		Email	

PHONE NUMBER TO REACH IF PROBLEM WITH CREDIT PROCESSING:

CARD DETAILS

Type of Card (check one)	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
Card Number		Card Expiration		
Name on Card		Security Code		

BILLING ADDRESS DETAILS

Address		City	
		State	
Phone		Zip Code	

SHIPPING DETAILS same as billing

Address		City	
		State	
Phone		Shipping Zip Code	
Customer Carrier Information	<input type="checkbox"/> UPS account# _____ service type: _____	Zip Code for Carrier Account	
<i>otherwise shipping charges will apply</i>	<input type="checkbox"/> FEDEX account# _____ service type: _____		

ORDER

QTY	DESCRIPTION / ITEM #	UNIT PRICE	TOTAL PRICE

By signing below, I agree to the terms and conditions of sale at www.kiscurrentsensors.com and hereby authorize KIS to charge the above credit card for the products listed above, including applicable taxes, shipping fees (if I have not provided carrier information above).

X _____
 Printed Name: _____ DATE _____