**Credit Card Order Form**

Reference Number (Quote/Order Number):

Order Amount ($):

Cardholder Name:

Credit Card Type (Visa/MasterCard):

Credit Card Number:

Expiry Date:

CVV (last 3 digits on the back):

|  |
| --- |
| **Ship To**  |
| Address:  |
| City, State/Province, Zip/Post code:  |
| Country:  |
| Attn Name or Ref#:  | Shipping Phone#:  |
| **Bill To:**  |
| Address:  |
| City, State/Province, Zip/Post code:  |
| Country:  |
| Billing Email:  | Billing Phone#:  |

I authorize **Biomatik**to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Must Sign and Date Below:

Signature:

Date:

 **Once signed return the completed form by fax: 1-877-221-3515 (USA/Canada)
or 1-519-231-0140 (Outside USA/Canada), or by email: order@biomatik.com**