**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**