

**Endoscope Repair Inc.**  
**Credit Card Payment Authorization Form**

**Credit Card here**

**Photo ID here**

Place your credit card and Photo ID in the squares above and make a photocopy of this form. Fill out the information below and fax it to us at ++ 305-260-0944. Click in each box to enter the information requested.

I, \_\_\_\_\_, authorize *Endoscope Repair Inc.*

to Charge my  Visa  Master Card  American Express  Discover

<b>Credit Card No:</b>	<b>Exp. Date:</b>
CVV2 No: _____	<b>Email:</b>
<b>Credit Card Address:</b>	<b>City:</b>
<b>State:</b> <b>Postal Code:</b>	<b>Country:</b>
<b>Company Name:</b>	<b>Phone Number:</b>
<b>Invoice No:</b>	<b>P.O. No:</b>
<b>Item price</b>	\$
<b>Shipping</b>	\$
<b>Tax</b>	\$
<b>Sub Total</b>	\$
<b>Total</b>	\$
<b>Signature:</b>	<b>Date:</b>

Thank you for your Order! To protect you as well as our Company from fraudulent use of your credit card... We request that you send a photocopy Or Scan of both sides of your card and a photo ID so it is legible, ( We must be able to read all information ) and fax to ++305-260-0944 or [e-mail](#) it to us along with this form filled out completely!