



EMS Credit Card Authorization Form

Billing Information

Name on Card _____
Address _____

City _____ State _____ Zip _____
Phone Number _____

Shipping Information (if different)

Name _____
Address _____

City _____ State _____ Zip _____
Phone Number _____

Card Type Visa Mastercard Discover American Express

Credit Card # _____

Expiration date _____ / _____ / _____

Security Code _____ (3 Digit code on back or 4 digit code on front for American Express)

By filling out this form I authorize Engineering & Mfg Services, Inc (EMS) to charge my credit card for the amount stated on the quotation of \$ _____ for their engineering and prototyping services.

Cardholder Signature _____ Date _____

Please fill out completely and fax to 813-936-4752