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<https://g6-epoxy.com/>

CREDIT CARD PAYMENT FORM

Credit Card Information			
Customer Name:			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Credit Card Number:		Expiration Date:	
Name as it appears on the card:		CVC2 Code:	
Payment amount (USD):			
Signature:			
Credit Card Billing Address			
Street Address:			
City:			
State:		Zip/Postal Code:	Country:
Phone number:		Fax number	
Shipping Information			
Ship To:		Carrier: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> USPS	
		<input type="checkbox"/> Other:	
		Type of service: <input type="checkbox"/> Overnight <input type="checkbox"/> 2 nd day <input type="checkbox"/> Ground	
		<input type="checkbox"/> Other: _____	
Payment information			
Purchase Order (if applicable):		Requested delivery date:	
Qty	Part number/Description	Unit price	Extended Price
			Subtotal:
			Estimated Freight:
			Total:

Please fax this form to: (781) 287-1248 or email it to info@graphenelab.com