

**CREDIT CARD AUTHORIZATION**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ (We do not accept American Express)

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This form authorizes Cornerstone Metrology Service, Inc. to charge the aforementioned credit card

**A 3.5% processing fee will be added to all invoices paid by credit card**

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Ref Invoice Number \_\_\_\_\_ or Keep on File \_\_\_\_\_

Return form to: [accounting@cornerstonemetrology.com](mailto:accounting@cornerstonemetrology.com)

**ISO 17025 ACCREDITED CALIBRATION LABORATORY**

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