

Buxton BioMedical
11 Melanie Lane • East Hanover, NJ 07936
973-560-4848 / Fax 973-560-4999 • Federal ID# 22-3236480
www.buxtonbio.com

Credit Card Information Form

Company Name: _____

Contact Name: _____

Contact Phone: _____

Credit Card Type:

_____ American Express _____ MasterCard _____ Visa

Card Number: _____

Expiration Date: _____ CV2 Code _____

AMEX: FOUR digit code on front, right side of the card.

Visa/Mastercard: Last THREE digits printed on the signature strip on the back of the card.

Billing Address associated with this card: _____

: _____

Name as it appears on the card _____

Active Order. Please fill out. Inactive order. Not necessary to complete.

By signing this credit card authorization, you are authorizing Buxton BioMedical, Inc. to charge the total payment amount indicated below to the credit card above.

Invoice _____ PO # _____ Date _____

PAYMENT AMOUNT (in U.S. funds) \$ _____

** I, the undersigned, fully accept all charges on the above named card. I also understand freight may be added to the total in its final processing if applicable.*

*Signature of Card Holder _____

FOR BUXTON BIOMEDICAL USE ONLY: Approved _____ Declined