

ChemPep Credit Card Charge Authorization

Please type in the form directly, print, sign and fax it to: (561)791-8728

Purchase Order #:		Date:	
Quotation #:		Confirmation #:	
First Name:		Last Name:	
Company/University:			
Telephone:		Fax:	
Email:			
Credit Card Type:	Visa	MasterCard	
	American Express	Discover	
Card Number:		Name on Card:	
Expiration Date (MM/YY):		CVV* Number:	
Credit Card Billing Address**:			
	City:		State/Province:
	Zip/Postal Code:		Country:

By signing this authorization, I agree to pay charges pertaining to this order plus shipping & handling.

Signature:	
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ChemPep, Inc. 3460 Fairlane Farms Road, Suite 10 Wellington, FL 33414 USA
 Phone: (561)791-8787 Toll Free: 1-888-615-9178 Fax: (561)791-8728 Email: service@chempep.com

*CVV (Card Verification Value): (1) For Visa and MasterCard, the three-digit CVV is printed on the back of the card immediately after the credit card last four digits. (2) For American Express, the four-digit CVV is printed on the front of the card above the credit card number.

** Credit Card Billing Address: This is where the bank sends the statement to.