



C O R P O R A T I O N

50 Denison Drive Guilford, CT 06437 USA
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AUTHORIZATION FOR CREDIT CARD PAYMENT

Customer Name _____ Date _____

BDC acct. no. _____ Amount \$ _____

Name as it appears on your card _____

Signature _____ MASTERCARD/VISA (circle one)

card no. [grid of 16 boxes]

expiration [grid of 4 boxes] zipcode of billing address [grid of 5 boxes]