



Your Premier Distributor of Imaging Products

4270 Dow Rd., Ste. 213  
 Melbourne, FL 32934  
 Ph. 321-733-1020  
 Toll Free 877-627-8351  
 Fax 321-733-1090  
 www.martekonline.com

## Credit Card Authorization Form

I, \_\_\_\_\_ of \_\_\_\_\_ do hereby authorize Martek  
(Name of Officer) (Name of Company)

to debit my (choose one):  Visa  Master Card  American Express credit card  
 in reference to the information and amount below

Invoice #:	Total Amount: (US \$)
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Card #:

Exp. Date:	3 Digit (4 on AMEX) Verification #:
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Name as it appears on card:

### Credit Card Billing Information

Street Address:

City:	ST:	Zip:
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Telephone:	Fax:
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I understand that normal shipping and handling charges will be charged and that all credit card purchases are made on a NO REFUND-STORE CREDIT ONLY basis. No returns will be allowed without a return authorization number from Martek. All returns may be subject to a restocking fee.

Authorized Signature: _____	Date:
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Printed Name and Title:

Federal ID#:	State ID#:
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Additional comments and/or additional people (if any) who are authorized to place orders with this credit card are: Please give printed name(s) and signature(s):

Name:	Signature:
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Name:	Signature:
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Name:	Signature:
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Name:	Signature:
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Name:	Signature:
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*Please fax this form back to 321-733-1090. Thank you.*