



Credit Card Authorization Form

To: Yokogawa Corporation of America

Referenced PO# _____

Date: _____

Company Name: _____

Cardholder's Name: _____

Cardholder's Phone #: _____ Cardholder's Fax #: _____

Cardholder's Email Address: _____

Billing Address: (The company's business address where invoices are mailed, not cardholder's residential address)

Ship To Address:

Type of CC (circle one): MC Visa Amex

Credit Card #: _____ Exp Date _____

Single Use Yes No ***Single Use P-Card orders must ship Collect at purchasers expense
P/V-Card

Is Order Taxable: Yes No (If No, then please provide tax exemption certificate.)

FOB : FCA Seller Facility Destination

If FOB Destination, then please provide Insurance instructions: _____

Ship Via: _____ Collect: Yes No Shipping Account Required: _____

Okay to Ship Early: Yes No Partials Acceptable: Yes No

Qty	Part#	Description	Delivery	Unit Price	Extended

Signature of Cardholder Required: X _____