



## 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 ☐ Partial Acceptable: Yes ☐ No ☐

Qty	Part#	Description	Delivery	Unit Price	Extended

Signature of Cardholder Required: X \_\_\_\_\_