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 Voice: (631) 249-1392
 FAX: (707) 248-2089
 E-Mail: info@syringepump.com
 Internet: www.syringepump.com

Credit card form

Total Number of pages including this one: _____

SyringePump.com

If you have a Quote or Order number, please provide it:

Order/Quote # _____

How was the order placed (circle one): Website Over Phone Fax Email Other

Name the order was placed under: _____

Company or organization name: _____

Card # _____

I agree to pay above credit card according to card issuer agreement.

Expiration date: _____

Verification code: _____

Name on Card (if different): _____

Address where the credit card statement is sent (if different from shipping address):

 _____ ZIP/Postal Code _____

Signature: _____

Printed name (if different): _____

Telephone number where we can contact you: _____

Thank You for Your Order!!!

FAX completed form to 707-248-2089
 Or email scanned form to: office@syringepump.com