

	<h2 style="margin: 0;">Credit Card Payment Authorization Form</h2>	Doc.-No.:	NGUS-10318
		Revision:	002
Department:		ACC	
Date:		01/11/2022	
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Template			

Please fill out all information and send it back by one of the following options:

- Fax: +1 980-299-9799, or
- E-Mail: sales@neugartusa.com

This form is for CREDIT CARD PAYMENT ONLY

Credit Card Information

Name on Credit Card:

Visa
 Master Card
 Discover
 American Express

Credit Card Number:

Expiration Date: / Security Code (3 or 4 digits):

Company Name:

Address 1:

Address 2:

City, State, and ZIP

E-Mail Address:

Telephone:

Accounts Payables E-Mail:

NOTE: ALL CREDIT CARD CUSTOMERS MUST PROVIDE A SHIPPING ACCOUNT NUMBER AND SHIPPING METHOD.

Carrier: UPS FedEx

Shipping Account Number:

Shipping Method:

Authorizing Signature:

This form is for payment ONLY and is not for placing an order.

Please send your purchase order / purchase requisition along with this credit card form to
sales@neugartusa.com.

This form will be destroyed once the payment is processed.