Superior Seals, Exceptional Service

Sealing Devices Inc.

4400 Walden Avenue | Lancaster, New York 14086
716.684.7600 *PHONE* | 716.684.0760 *FAX*
www.sealingdevices.com

CREDIT CARD AUTHORIZATION FORM

Print this form, Complete and Sign it

To protect both you and our company from unauthorized credit card usage, we require the following form be e-mailed or faxed to above. **If you prefer,** we can call for the credit card information - just fill in your Company Name, Your Name, Phone Number, Billing and Shipping Addresses information. We are happy to call you. No order is guaranteed until it has been confirmed.

Company Name:	Monterey Bay Aquarium Research Inst.		
Your Name:	Jon Erickson	**Phone Number:**	
Notes:			
Card Type:	☒ Visa ☐ MasterCard ☐ American Express ☐ Discover		
Credit Card Number	4808 0170 0415 2492		
Expiration Date	5/18		
CID (Card ID #)	002	**Last 3 digit number on the back of your card or 4 digit number on front of Amex**	

CREDIT CARD BILLING ADDRESS		SHIPPING ADDRESS	
Cardholder Name	Jon Erickson	**Name**	
Company	MBARI	**Company**	
Address	7700 Sandholdt Rd.	**Address**	SAME
Address		**Address**	
City/State/Zip	Moss Landing Ca 95039	**City/State/Zip**	
Telephone	831 775 1921	**Telephone**	
Tax Exempt?	☐ Yes ☐ No (If yes, please provide copy)	**UPS or FEDEX Freight Acct No.**	
Fax Invoice To:	jon@mbari.org	**(NOTE: If freight number is not listed, then freight charges will apply.)**	

or Mail Copy of Invoice To:

AUTHORIZATION TO CHARGE CREDIT CARD:

This form confirms your request for payment by credit card. By submitting this form, you agree to pay any and all amounts charged by Sealing Devices Inc. to your credit card account specified above and authorize Sealing Devices Inc. to obtain credit approval from said credit card company.

I hereby authorize Sealing Devices Inc. to charge my credit card. I affirm that I am at least 18 years old and legally authorized to use the credit card account specified above. I agree that I will pay for this purchase and indemnify and hold Sealing Devices Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card slip.

PRINT NAME:	**SIGNATURE:**	**DATE:**
Jon Erickson	Jon Erickson	3/29/18

AUTHORIZATION TO DELIVER TO AN ADDRESS DIFFERENT THAN THE BILLING ADDRESS:

I, (signature below), hereby authorize delivery to the shipping address above which is not my credit card billing address. I agree that I will pay for this purchase and indemnify and hold Sealing Devices Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as my authorized signature on the credit card charge slip.

PRINT NAME:	**SIGNATURE:**	**DATE:**

A Note About Credit Card Fraud:

Our Company has zero tolerance for credit card fraud. We report all fraudulent activities to the proper authorities. We have successfully helped prosecutors arrest and convict those who have attempted to defraud us. Credit card fraud is a federal crime and we will pursue fraudulent users both criminally and civilly. Do not order if you are not an authorized user of the card.