

Required Credit Card Payment Information

Name as it appears on the card:	
Credit card #:	
Expiration date: (Select month & year)	/
Type of card: (Select One)	Visa Mastercard American Express
Card Security Code: (3 digit code on back of card or 4 digit code on the front of Amex)	
Billing address on credit card:	
Name of person authorizing use of card:	
Telephone #:	
Email Address:	
Date:	
Quote #:	
Purchase Order #:	
USD Amount \$:	
Bill-to address for shipment:	
Ship-to address for shipment:	
Shipping Method: (Select One)	3-Day 2-Day Next Day Next Day Early Morning

Please email form to: orders@plexon.com