



TAMGE, LLC  
 Test and Measurement Global Exchange  
 326 Foreside Road  
 Cumberland Foreside, ME 04110  
 TEL: (207) 221-3154  
 FAX: (207) 221-1197  
[sales@tamge.com](mailto:sales@tamge.com)

### Authorization to Charge Credit Card

I, \_\_\_\_\_ hereby authorize:  
*(Please Print or Type Cardholder Name)*

Mastercard     Visa     American Express

Charge Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

In the amount of \_\_\_\_\_ U.S. Dollars *(Plus shipping and/or taxes when applicable)* Shipping \_\_\_\_\_ Insurance \_\_\_\_\_

I grant authorization to charge purchases on my card until privileges are revoked in writing.

For: \_\_\_\_\_  
*Please Reference TAMGE Invoice Number and/or your Purchase Order Number when available*

Sales Rep: \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

Company affiliation (if any): \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*IMPORTANT\*\***

*To avoid delays in order processing please provide the following information*

Issuing Bank:	_____
Issuing Bank Phone Number:	_____
Cardholder Billing Address:	_____
<i>Must be the EXACT Address where the credit card bill is mailed.</i>	_____
	_____
	_____
Card Authorization Telephone #	_____ (Located on the back of the card)
Validation Code	_____ (Last three Digits Located on the back of the card in the Signature Box)

Please fax completed form to (207) 221-1197 Attn: Sales Dept./Accounting