



**CarbonBased, LLC**<sup>TM</sup>  
Engineering Orthotic Solutions

169 Commack Road – Suite H #158, Commack, NY 11725  
T: 888.760.7223 | E: info@braceforpectus.com  
www.braceforpectus.com

## Credit Card Authorization Form

Fax to: 888.760.7223

### Card Holder Information

Name:

Company:

Billing Address:

City:

State:

Zip:

Email Address:

Federal Tax ID#:

State of Incorporation:

Accounts Payable Contact:

### Payment Authorization

Card Type:

Visa

Master Card

Discover

Amex

Card Number:

Expiration Date:

Card Identification Number (CVV2 Code):

↓ \_\_\_\_\_ | Your Name | \_\_\_\_\_ ↓

I,

Authorize Carbon Based, LLC to

process a charge against my credit card in the amount of: \$

For payment of:

Telephone Number:

Fax Number:

Print Name as it appears on Credit Card:

↓ \_\_\_\_\_ | Your Signature | \_\_\_\_\_ ↓

► Signature:

Date:

I agree to pay for Carbon Based, LLC products by credit card each time an order is placed. The above credit card information may be kept on file for this and future orders.

### Trade References

Please complete all fields. Attach a copy of resale, manufacturing or non-profit tax-exempt certificate.

1. Name:

Address:

Account Number:

Phone Number:

2. Name:

Address:

Account Number:

Phone Number:

3. Name:

Address:

Account Number:

Phone Number: