



Credit Card Authorization Form

I authorize Accela ChemBio Inc. to process the following payment to complete orders below. We agree that shipping fee of \$15-\$19 (<100g units within US locations) shall be added based on shipping address & material weight, and a handling fee of \$15 will be added if the order is less than \$100.

Company: _____

Contact: _____ Title: _____

Phone: _____ E-mail: _____

Shipping Address: _____

| P.O. Number | Qty | Product Name/Catalog Number/CAS | Unit | Unit Price | Amount (\$) |
|--|-----|---------------------------------|---------------------|------------|-------------|
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| | | | | | |
| | | | | | |
| Accela ChemBio will process the charge on the shipping date. | | | Shipping Fee | | |
| | | | Handling Fee | | |
| | | | CA Sales Tax | | |
| | | | Total Amount | | |

Please charge my credit card listed below:

Visa MasterCard AMEX Discover Diners Club

Credit Card Number: **To eliminate number guessing(Print Only Please)**

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Expiration Date _____ / _____ Card Security Code _____

Cardholder's Name _____ Cardholder's Signature _____ Date _____