



1681 Kettering Street, Irvine, CA 92614
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Instructions

1. Complete the form and type all billing and shipping information in the blanks below, or print the form and complete the blanks legibly with a dark pen.
2. Print the entire form and sign with the credit card holder's signature on the line indicated.
3. FAX (1-714-641-3111) or scan and email to info@dinsmoreinc.com the completed form and the photocopies of the credit card to complete your order.

CREDIT CARD AUTHORIZATION FORM

I, , hereby authorize **Dinsmore & Associates, Inc.** to charge my credit card account in the amount of \$ (including / add shipping)

VISA

MasterCard

American Express

Credit Card Number:

Expiration Date: /

VID Code:

Credit Card Billing Address:

Street:

City:

State:

Zip Code:

Telephone: ()

Country: (if not US)

Requested Shipping Address:

Street:

City:

State:

Zip Code:

Telephone: ()

Country: (if not US)

As the credit card holder, I hereby authorize receipt of rapid manufactured parts at the shipping address above.

Cardholder's Signature

____/____/____
Date