

Credit Card Authorization

The following signature will be on file for the purpose of credit card payments only. This signature and card information will be confidential. Exploration Instruments has my permission to use my:

Name on Credit Card: _____

Credit Card Type: _____

Credit Card #: _____

Exp. Date: _____

Billing Zip Code: _____

Security Code: _____

I authorize Exploration Instruments LLC to charge the above credit card for any agreed-upon purchases or services. Additionally, I acknowledge and agree that if any outstanding balance remains unpaid beyond the standard 30-day grace period, Exploration Instruments LLC is authorized to process payment using this card for any delinquent amounts owed.

Signature: _____ **Date:** _____