



EHLER *Research, Incorporated*

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Authorization is hereby given to charge the credit card given below for the amount shown.

Credit Card No.: _____

Name Exactly as on Card: _____

Expiration Date: _____

*CVC Code (*What's This?):* _____

Card Billing ZIP Code: _____

Amount to be Charged: _____

Authorized By: _____

(Cardholder Signature)

Date: _____

* Three digits for DC, MC, or Visa. Four digits for AmEx

Please fax to Oehler Research at (512) 327-6900 or email to:
sales@oehler-research.com.

Note: Email is not a secure method to transmit credit card information.

Oehler Research Use Only

Purchase Order: _____

Invoice #: _____

Date: _____