



REFURBISHED  
RESPIRATORY  
EQUIPMENT

**CREDIT CARD AUTHORIZATION**

**Return completed form to Fax 317-839-7701 or email [sales@cryois.com](mailto:sales@cryois.com)**

I, \_\_\_\_\_, (cardholders name) hereby authorize Cryogenic Solutions LLC dba CIS, Inc. to charge my credit card account in the amount not to exceed \$ \_\_\_\_\_

**Visa Mastercard American Express Discover**

Company Name: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State Zip \_\_\_\_\_

Requested Shipping Address: Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State Zip \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

As the credit card holder, I authorize Cryogenic Solutions LLC dba Inventory Solutions, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until \_\_\_\_\_ Initials \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Cryogenic Solutions, LLC dba CIS will keep all information entered on this form strictly confidential.