

Innovative Power Products, Inc. Credit card Authorization Form

I, (name as it appears on credit card) \_\_\_\_\_

hereby authorize Innovative Power Products, Inc. ("IPP") to charge my credit card as payment for the following transaction(s):

Invoice/PO #(s) \_\_\_\_\_

Full Name (As appears on card): \_\_\_\_\_

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

CARD TYPE: Visa/Mastercard (Circle one)

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

Expiration Date \_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

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

Country \_\_\_\_\_

I certify that I am responsible for the payment of the above charges in my credit card in compliance with agreement between myself and the credit card company.

Signature of Cardholder \_\_\_\_\_ Date: \_\_\_\_\_

**Please print this form and fill in the necessary information completely, and FAX to Innovative Power Products, Inc. at (800) 544-5909! *After receiving your fax, we confirm your payment!***