



Credit Card Ordering Form

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DESCRIPTION OF ORDER

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Total Amount _____

CUSTOMER SHIPPING INFORMATION

Name	
Organization	
Shipping Method	

Shipping Address

Street 1:		State/Prov:	
Street 2:		Zip/Postal Code:	
City:		Country:	
Contact Phone:		Contact Email:	

CUSTOMER BILLING INFORMATION

Credit Card: (Check one)

Visa MasterCard American Express Discover

Card Number _____ Expiration Date ___/___ CV# (Security Code) _____

Name on Card _____

Shipping Address is same as billing address

Billing Address

Street 1:		State/Prov:	
Street 2:		Zip/Postal Code:	
City:		Country:	
Contact Phone:		Contact Email:	

FOR INTERNAL USE ONLY

Product Code: _____ Ship Date: _____

Authorization: _____ Order Date: _____