



Credit Card Authorization Form

I, _____, hereby authorize Industrial Gas Technology, Inc. to charge the Credit Card Account listed below.

Credit Card Type:

MasterCard Visa American Express (a 1.5% Service Charge will apply)

Card Number: _____ Expiration Date: _____

Company Name: _____

EIN (Federal Tax ID): _____

Name as it appears on card: _____

Billing Address for Card: _____

_____ Zip Code _____

CVV# _____ (MC and Visa—3 digit number following acct # on back of card
Amex—4 digit number on front of card)

Cardholder Signature: _____ Date: _____

Cardholder Phone No.: _____ Email: _____

Quote/Estimate No.: _____ Purchase Order No.: _____

Ship to Address: _____

Return to: Industrial Gas Technology, Inc. Attn: Accounting Dept. P.O. Box 51124 Bowling Green, KY 42102 or Fax to: 270-783-0739 or email: accountsreceivable@igtinc.net