SEMTech Solutions

Credit Card Authorization Form

6 Executive Park Drive
North Billerica, MA 01862
Phone (978) 663-9822 Fax (978) 663-9823

Date: _____

Customer Information

Bill To:

Name: _____
Exactly as it appears on credit card

Company Name: _____

Street Address: _____

City, ST ZIP Code: _____

Phone, Fax: _____

Ship To (if different from above):

Name: _____

Company Name: _____

Street Address: _____

City, ST ZIP Code: _____

Phone, Fax: _____

Credit Card Information

Credit Card Type: (check one)

☐ American Express ® ☐ Visa ® ☐ MasterCard ®

Credit Card Number: _____

Exp. Date (MM/YY)**:** _____ **Security Code:** _____
For Visa / MC: 3 digit code on back
For AMEX: 4 digit code on front

Ordering Information

QTY	PART No.	DESCRIPTION	UNIT PRICE	AMOUNT
				$ -

SUBTOTAL	$ -
MA TAX RATE	5.00%
SALES TAX	-
SHIPPING & HANDLING	
TOTAL	$ -

Shipping Method (check one): ☐ UPS ☐ FEDEX

Shipping Urgency (check one): ☐ Overnight ☐ 2nd Day ☐ Ground

Shipping Instructions (check one): ☐ PP+Add * ☐ Collect

If Collect is selected, Enter
UPS or FEDEX No. here: _____

* SHIPPING CHARGES WILL BE ADDED TO INVOICE IF "PP+ADD" IS SELECTED

THANK YOU FOR YOUR BUSINESS