SEMTech Solutions

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North Billerica, MA 01862
Phone (978) 663-9822 Fax (978) 663-9823

Credit Card Authorization Form

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

PROJECT / JOB #	DESCRIPTION	AMOUNT

Samples Returned? (check one): ☐ UPS ☐ FEDEX

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

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

SUBTOTAL	
SALES TAX (Not Applicable)	
SHIPPING & HANDLING	
TOTAL	

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

* If "PP+ADD" is selected, shipping charges will be added to the invoice.

THANK YOU FOR YOUR BUSINESS!