



NORTH AMERICAN MAGNETICS I CORP.
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TOLL FREE (800) 228-3499 FAX (214) 357-0071

Credit Card Authorization Form

I, _____, (cardholder's name – please print)

give my permission to charge \$ _____ on my (type) _____ credit card

(to pay for) PO# _____ and/or Invoice # _____

Other Reference: _____.

Circle type of credit card/debit card:



MasterCard

Email address for receipt: _____



Visa



American Express

Credit card number: _____

Expiration date: _____ **Security code:** _____

Address where credit card bill is sent to: _____

City, State and Zip Code _____

Phone number: _____

Authorizing signature _____ Date _____

All fields must be completed for NAM to process your card.

Fax this authorization form to 214-357-0071 or email it to sjenkins@nam-usa.com

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