



on the web: www.sldtech.com
toll free: 888-762-8441

Date: _____

Rep: _____

CREDIT CARD SALES SLIP/AUTHORIZATION

CUSTOMER: _____

TYPE OF CREDIT CARD: (Circle one) Master Card VISA

CREDIT CARD NUMBER: _____

CARDHOLDERS NAME: _____

CARDHOLDERS ADDRESS: _____

EXPIRATION DATE OF CREDIT CARD: ____|____

CREDIT CARD CODE: (3-4 digit code) _____

All information must be filled out.

**Sales tax if applicable and shipping charges may apply.

TOTAL	\$
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I hereby authorize Solid Technologies, Inc. to apply the total amount shown above to the above referenced credit card account.

	X	Telephone Order
PLEASE PRINT YOUR NAME	PLEASE SIGN YOUR NAME	
PLEASE RETURN TO FAX NO: (610) 834-9758	By my signature, I authorize the user of the card identified on this item to pay the amount shown as total upon proper presentation. I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. I agree to hold harmless Solid Technologies, Inc. from any and all liability arising out of this authorization, including consequential damages.	

SOLID TECHNOLOGIES, INC. 650 SENTRY PARKWAY, BLUE BELL, PA 19422

Telephone: 610-834-9757 | Facsimile: 610-834-9758 | Web: www.sldtech.com |