



TEST POINT, Inc.
Credit Card Payment Form

343E Granary Road - Forest Hill, Maryland 21050
 Tel 410.420.7080 - Fax 410.420.7077

I authorize Test Point, Inc. to charge all invoices to the following credit card account.

Please fill in the address below you would like all invoices mailed to:

| | | | |
|---------------|--|----------------|--|
| Company: | | Phone: | |
| Address 1: | | Fax: | |
| Address 2: | | Federal ID No: | |
| City/St/Zip: | | Contact Email: | |
| Contact Name: | | | |

Are you exempt from Maryland Sales Tax (only applied to locations in Maryland)? YES / NO (circle one)
 If yes, a MD tax certificate must accompany this form or you will be charged sales tax – no exceptions!

Below is the credit card account I would like Test Point to charge all invoices to:

| | | |
|---|--|--|
| Credit Card Number: | | Expiration. Date: ____/____ |
| Cardholder's Name: | | please print name exactly as it appears on the credit card |
| Cardholder's Signature: | | |
| Cardholder's Billing Address: [street address/city/state/zip] (only complete if different than above billing address) | | |

PLEASE COMPLETE THIS ENTIRE FORM & FAX BACK TO 866-612-1329