

MaxBotix Inc.

Credit Card Information Form

First Name: _____

Last Name: _____

Please print name exactly as it appears on the Card

Please check the Card Type

VISA

MasterCard

American Express

Discover

Credit Card information

Card #: ---

Expires Month/Year /

Card Verification #

(The 3 digit number on the back of your card or 4 digit # on American Express)

Card Billing Address

Name: _____

Company Name: _____

Address Line 1: _____

Address Line2: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Email Address: _____

Telephone: _____

PLEASE DO NOT EMAIL THIS FORM.

Please fax this form to 1-218-454-0768