



11299 Interstate 20 Canton, TX 75103 903-829-8400 Fax 903-829-8405

www.lonestarcaliper.com or email ken@lonestarciliper.com

CONFIDENTIAL CUSTOMER CREDIT CARD INFORMATION

Card Owner Name	_____	Business Name	_____
Home Address	_____	Business Address	_____
City, State, Zip	_____	City, State, Zip	_____
Home Phone	_____	Business Phone	_____

PLEASE PLACE A LEGIBLE COPY OR IMPRINT OF THE CARD IN SPACE BELOW

Issuing Bank _____
Card Number _____ Expiration Date _____
Credit Card Billing Address
 Same as home address.
 Same as business address.
 Other (Please specify) _____

To Lonestar Caliper Co.:

You are authorized to accept telephone orders from our business and charge the cost of such goods to my credit card account. I further authorize the charging of my credit card for my account balance whenever that balance, or any portion thereof, becomes past due. I also authorize the charging of my credit card for any unpaid fees, returned checks, or other charge backs. I also understand that I shall be fully responsible for any obligation not paid pursuant to this authorization and any costs incurred in connection therewith. Waiver of any payment due from any party to this authorization shall not release my obligation for payment of any charges due and owing to Lonestar Caliper Co.

In the event that litigation is commenced to enforce any of the terms of this agreement, Lonestar Caliper Co., shall be entitled to its costs thereof including reasonable attorney's fees.

Additional Information _____

Card Owner Signature _____ Date _____