



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

[www.lonestarcaliper.com](http://www.lonestarcaliper.com) or email [Ken@lonestarciliper.com](mailto:Ken@lonestarciliper.com)

**Credit Card Authorization & Letter of Responsibility**

To: Lonestar Caliper Co.  
11299 Interstate 20  
Canton, TX 75103

Please be advised that the undersigned hereby authorizes Lonestar Caliper Co., to make charges to the credit card listed below for the express and limited purpose of paying for the products that my company and/or I may order from Lonestar Caliper Co., from time to time.

Please be further advised that this authorization shall remain in effect until it is revoked, in writing, by my company or me.

**CREDIT CARD TYPE**

\_\_\_\_\_ Visa      \_\_\_\_\_ Master Card      \_\_\_\_\_ Discover      \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security code from back of card \_\_\_\_\_

Credit Card Holder's Name: \_\_\_\_\_

Credit Card Billing Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

By executing the **Credit Card Authorization & Letter of Responsibility**, I hereby acknowledge that this method of payment has been arranged for my convenience by Lonestar Caliper Company. Further should the above referenced credit card company fail to pay my charge(s) for any reason; I acknowledge that my company and/or I will be responsible for final payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print name: \_\_\_\_\_)