

# Novus Research Inc.

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## Credit Card Charge Authorization

I, (Print Name) \_\_\_\_\_ authorize Novus Research to charge the agreed amount below to the following card:

**CHARGE TO (Circle One):**      Visa      MasterCard      Discover      American Express

ACCOUNT #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

### PLEASE PRINT OR TYPE:

Cardholder's Name:			
Cardholder's Billing Address:			
City:	State:	Zip:	Country:
Telephone:		Fax:	
Email Address:			

I agree to pay the total amount of: \_\_\_\_\_ (initials) \_\_\_\_\_

I agree to allow Novus Research to keep my account # on file for recurring orders, or until otherwise stated by me: \_\_\_\_\_ (initials).