

New River Kinematics Credit Card AUTHORIZATION FORM

Date_____

I _____ Authorize _____ to charge my credit card
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown.

REFERENCE _____

Early Registration Fee: **\$100.00 before March 12th, 2010**

Registration Fee: **\$200.00 after March 12th 2010**

AMOUNT \$_____USD.

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

FAX OR EMAIL TO:

New River Kinematics

436 McLaws Circle Williamsburg VA, 23185

Attn: Norman Gray, norman@kinematics.com, 757-565-1500 x 113

Fax # 757-565-5900

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:
