



**Essilor Instruments USA Div of Stereo Optical Company**

8600 W Catalpa Ave Suite 703

Chicago, IL 60656

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Fax 262-255-1415



**CREDIT CARD AUTHORIZATION FORM**

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

Taken By: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Account Telephone #: \_\_\_\_\_

Street Address listed on Credit Card: \_\_\_\_\_

CITY / STATE listed on Credit Card: \_\_\_\_\_

ZIP CODE listed on Credit Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CODE: \_\_\_\_\_

Cardholder Authorization Signature\*: \_\_\_\_\_ DATE: \_\_\_\_\_

\*The above signature authorizes Essilor Instruments USA and/or Stereo Optical to charge the credit card provided in full or as outlined in the payment schedule below. Payment charges will be processed as defined and a receipt of any and all charges shall be forwarded to the email address provided.

**EMAIL RECEIPT TO:** \_\_\_\_\_

**Payment Schedule:**

INVOICE #	AMOUNT	STO #	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
PAYMENT	<input type="text"/>	PAYMENT	<input type="text"/>