

Graphene Laboratories, Inc

www.graphene-supermarket.com

CREDIT CARD PAYMENT FORM

Credit Card Information									
Customer Nan	ne:								
Credit Card Type: □ Visa			□ Maste	er Card		☐ AMEX ☐ Discover			
Credit Card Number:					E	Expiration Date:			
Name as it appears on the card:					C	CVC2 Code:			
Payment amou	ınt (USD):								
Signature:									
Credit Card Billing Address									
Street Address:									
City:									
State: Zip/Postal			Code:			Country:			
Phone number:			Fax number						
Shipping Information									
Ship To:			Carrier:		☐ FedE	x \square	UPS		
				☐ Other:					
				Type of service: \square Overnight \square 2 nd day \square Ground					
				r:				<u></u>	
Payment information									
Purchase Order (if applicable): Requested delive							ery date:		
Qty Part number/Description			L	Ü	Jnit pri	се	Ex	tended Price	
Subtotal:							:		
Estimated Freight:							:		
						Total	:		