



METER

METER Group, Inc. Credit Card Authorization Form

Please print out and complete this authorization form and return it to METER Group, Inc. All information will remain confidential.

Quote/Sale Order Number _____ Date _____

Company _____

Street Address _____

City _____ Prov/State _____ Zip _____

Billing Information

Cardholder Name _____

Street Address _____

City _____ Prov/State _____ Postal/Zip _____

Card Information

Credit Card Type Visa MasterCard Discover American Express

Credit Card Number _____

Expiration Date _____ CVV Code _____

Amount to Charge (USD) _____

By signing below, I authorize METER Group, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree to the METER Group, Inc. Terms and Conditions and that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

- I agree to METER Group, Inc.'s Service terms, Payment terms, and Terms and Conditions [For more information visit metergroup.com/terms-conditions](http://metergroup.com/terms-conditions). By checking this box, I authorize METER Group, Inc. to keep my credit card information on file for future transactions and give permission to use it as directed.

Cardholder Signature _____ Date _____

Print Name _____