Authorization Form

www.ockam.com 26 Higgins Drive Milford CT 06460 (203)877-7453 Fax: (203)878-0572

Customer	
Telephone	**Fax**
Email	**Date**

Please Complete The Following Information:

❑**Hot Swap** ❑**Repair** ❑**Sale**

QTY	Serial #	Description	Price

Credit Card #:	**Exp. Date:**	**Visa** ❑
Name on Card:		**MasterCard** ❑

Billing Address (for card):	**Shipping Address (if different):**

Hot Swap policy:

Equipment is loaned for use when time does not permit a normal repair process. You are liable for all shipping and charges needed to refurbish the loaned equipment. A valid credit card must be on file before the loaner equipment will be shipped.

You will receive an invoice for the loaned equipment, and the credit card will be charged for the initial shipment. You must return the loaned equipment within 14 days or the balance of the invoice becomes due and your credit card will automatically be charged for the remainder.

I, the undersigned cardholder, authorize **Ockam Instruments** to charge to the credit card listed above.

Cardholder's Signature: _____ **Date:** _____

PLEASE FAX THE COMPLETED FORM TO (203)878-0572 1/5/05