

# New Era Pump Systems Inc.

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Credit card form

Total number of pages including this page: 1

## SyringePump.com

If you have a Quote or Order number, please provide it:

Order/Quote # \_\_\_\_\_

How was the order placed (circle one): Website Over Phone Fax Email Other

Name the order was placed under: \_\_\_\_\_

Company or organization name: \_\_\_\_\_

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

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

Verification code: \_\_\_\_\_

Name on Card (if different): \_\_\_\_\_

Address where the credit card statement is sent (if different from shipping address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name (if different): \_\_\_\_\_

# Thank You for Your Order!!!

FAX completed form to 707-248-2089  
Or email scanned form to office@syringepump.com