



METER

METER Group, Inc. USA Credit Authorization Form

Please print out and complete this authorization form and return it to METER Group, Inc. USA. 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. USA to charge the agreed amount listed above to my credit card provided herein. I agree to the METER Group, Inc. USA 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. USA's Service terms, Payment terms, and Terms and Conditions
For more information visit metergroup.com/terms-conditions

Cardholder Signature _____ Date _____

Print Name _____

Please return completed form to Accounts Receivable at METER Group, Inc. USA.