

Credit Card Billing Information			
Company Name			
Name on Card			
Person Authorizing Purchase			
Credit Card Type (check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express <input type="checkbox"/> Discover/Novus
Credit Card Number			
Expiration Date			
CVV Number			
Billing Address			
City			
State/Province		Zip Code	
Country			
Phone Number			
Fax Number			
Email Address			
Please select one of the following Payment Options			
<input type="checkbox"/>	Bill my credit card once for the following amount		\$
	Please apply this payment to the following Invoice # (if known)		
<input type="checkbox"/>	I hereby authorize CORECHEM Inc., to use this credit card as payment for future invoices unless I notify CORECHEM Inc., in writing. Notification will be sent before charges are applied.		
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at the discretion of CORECHEM Inc., if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to accounting@corecheminc.com</p> <p>Changes in the status of this card can also be reported to accounting@corecheminc.com</p>			

The undersigned is the duly authorized representative of the company shown above.

Authorized
Signature: _____

Date: _____

***** Please return via fax to 865-524-3375 *****