



PURCHASE AUTHORIZATION FORM

Please print and fill out this authorization, then photocopy it along with BOTH SIDES OF YOUR CREDIT CARD AND A VALID PHOTO IDENTIFICATION. Fax the photocopy to Neutron Inc. at 1-814-861-8137

I, _____, authorize Neutron Inc. to ship my order to:

I hereby authorize Neutron Inc. to bill my credit card account no. _____

Expiration date of _____, billing address _____

In the amount of \$_____ for order no. _____

XI have read Neutron's Term and Condition at www.neutronexpress.com/index.cfm?t=trm and agree to abide by it (Initial here _____)

Signature,

Credit Card Information:

The front of the credit card

The back of the credit card

Valid Photo Identification
(Please photocopy your driver's license)