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**FACSIMILE TRANSMITTAL SHEET**

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**To:** PAMAMSales **FAX Number:** 269-471-3771

**From:** **Organization:**

**Email:** **Date:**

**Purchase Order Number:**

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**CREDIT CARD CHARGE AUTHORITY**

I hereby authorize **Andrews ChemServices** to charge my credit card as follows for the purchase of PAMAM dendrimers.

Amount in US Dollars: US\$ \_\_\_\_\_

Credit Card Type (circle): Visa Mastercard American Express Discover

Credit Card Number: \_\_\_\_\_

Cardholder name  
(as it appears on your card): \_\_\_\_\_

Security Code (last 3 digits on back / 4 on card front): \_\_\_\_\_

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

Credit Card Statement Address: \_\_\_\_\_

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

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