

PURCHASE/CREDIT CARD AUTHORIZATION FORM

TYPE OR PRINT **CLEARLY**. Complete **ALL** fields. Fax to: **713-774-3498**

Company Name: _____ Check if Previous Customer DATE: ___/___/___

Agent/Buyer Name: _____ E-mail: _____

Phone Number: (____) _____ - _____ Fax: (____) _____ - _____

Tax ID Number: _____ Purchase Order Number (optional): _____

Required for International Shipping

Payment Method (check one): Visa MC Amex COD Paypal Other: _____

We do not accept Discover

Credit Card #: _____ - _____ - _____ Exp Date: ___/___/___

Authorized Signature (required): _____

By signing this form, you agree to our terms of sale and authorize the purchase of the equipment listed below.

Name exactly as it reads on Card: _____

Items Purchased (part # or description)	QTY	Each	Total
1. _____	_____	\$ _____.	_____.
2. _____	_____	\$ _____.	_____.
3. _____	_____	\$ _____.	_____.
4. _____	_____	\$ _____.	_____.

(Please use a purchase order if there are more than 4 items purchased)

Shipping Cost/Method (Leave shipping amount blank for us to compute or if using your account.) \$ _____

Date Expected/Needed: ___/___/___

Fedex: Priority by 10:30* Std Overnight 2 Day Econ
 3 Day Saver Ground Other (specify) _____
 Use your account#: _____

Total Amount to Authorize (+/- 10%): \$ _____

Credit Card/Billing Address (if different)

Ship To Address:

Business Residence
You must check one of these

Zip/Postal Code: _____

Zip/Postal Code: _____

----- FOROFFICE USE ONLY/DO NOT WRITE BELOW HERE:-----

Date received ___/___/___ Processed by: _____ Date shipped ___/___/___ Tracking: _____

Notes: _____
