



AVIONICS & INSTRUMENTS, INC

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Sales Fax (817) 625-6875
Accounting Fax (817-625-0272) or (ar@ftav.com)

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize FIELDTECH AVIONICS & INSTRUMENTS, INC., to charge my credit card account in the amount not to exceed: \$ _____

Reference: PO/RO/INV/WO: _____ APPROVAL CODE: _____

[] VISA [] MasterCard [] American Express [] Discover DECLINED:

Credit Card Number: _____

Expiration Date: ____/____/____ VID Code: _____

Credit Card Billing Address:

Customer Name: _____

Card Name: _____

Street: _____

City: _____

Zip Code: _____ - _____ Country: (if not U.S.) _____

Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not U.S.) _____

Telephone: () _____ - _____

Fed Ex Account Number: _____ or Pre-Paid & Add _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature _____ /_____/_____ Date

Please Print Name: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Fieldtech Avionics will keep all information entered on this form strictly confidential.