

1205 Activity Dr.
Vista, CA 92081
O: 760-536-0191
F: 760-536-0184
Toll Free: 1-800-813-8448



CREDIT CARD AUTHORIZATION

Credit Card Type: VISA MASTERCARD AMEX
Credit Card Number: _____ **Exp. Date:** _____ **Val. Code:** _____
Name of Card Holder (as shown on card): _____

Billing Address:	Shipping Address: same as billing
Street: _____	Street: _____
_____	_____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Billing Phone: _____	Shipping Phone: _____

Ship Via: UPS FedEx DHL Other: _____
Shipping Method: 1 Day 2 Day 3 Day Ground

Account Number: _____
Shipping Comment: _____

Equipment Purchase

I, _____ authorize Avalon Test Equipment to use the above credit card for the purchase of _____ totaling \$ _____, plus applicable state taxes and freight charges. I agree to Avalon's standard Terms and Conditions related to the sale of equipment. I understand, by signing this agreement, I am authorizing Avalon Equipment to charge my credit card for all invoices relating to my account, including missing accessories not returned or any future rentals I authorize to be used with this credit card. (Terms can be viewed on our website at <https://avalontest.com/support-customer-service/forms-documentation>.)

Signature: _____ **Date:** _____