

Avalon Test Equipment
1205 Activity Drive
Vista, CA 92081
Phone: 760-536-0191
Fax: 760-536-0184



Rev 003

CREDIT CARD AUTHORIZATION

Credit Card Type: VISA MasterCard AMEX Expiration Date: _____
Credit Card Number: _____ Val Code #: _____
Name of Cardholder (as appears on card): _____

Billing Address:	Ship To Address: same as billing
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Billing Phone: _____	Ship To 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 _____ in the amount of \$ _____ plus applicable state taxes and freight charges and agree to Avalon's standard Terms and Conditions related to the sale of equipment. (Terms can be viewed on our web site at: www.avalontest.com/terms.htm).

Signature: _____ Date: _____