Instructions:

1. Complete Form.
2. Print Clearly.
3. Sign where indicated.
4. Submit Form via fax to 813-888-9262.

Card Holder Name: _____

Email Address: _____

Day Time Telephone: _____

WO #: (if applicable.) _____ PO #: (if applicable) _____

I authorize a charge against my credit card in the amount of: $ _____
PLUS: ADDITIONAL CHARGES SUCH AS BUT NOT LIMITED TO: Sales Tax (if applicable), Shipping, Freight, Handling, ect…..

Credit Card: (choose one)

Mastercard Visa American Express

Card Number: _____

Expiration Date: _____ CVC Code: (on back of card) _____

Billing Address: (where credit card statements are sent)

Address 1: _____

Address 2: _____

City: _____ ST: _____ Zip: _____

_____ _____
Cardholder Signature Date

5436 W. Crenshaw St. Tampa, FL 33634
PH: 813-888-9555 | FX: 813-888-9262

PO#: _____ Customer: _____ Date: _____

Ship To Address

Ship To Name: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Qty	Model #	Description	Unit Cost	Extended Cost

Total Cost: _____

NOTES:

_____

Name: (Print)_____Signature: _____ Date: _____