Posiflex Business Machines, Inc. 30689 Huntwood Avenue Hayward, CA 94544 Tel: 510.429.7097 888.968.1668 Fax: 510.475.0982



www.posiflexusa.com

## **CREDIT CARD PURCHASE AUTHORIZATION**

	COMPANY I	NFORMATION	SHIP	SHIP TO: (if different from company address)				
COMPANY NAME:			NAME:					
ADDRESS:			ADDRESS:					
CITY/STATE/ZIP:			CITY/STATE/ZIP:					
COUNTRY:			COUNTRY:					
CONTACT NAME:			REFERENCE:					
PHONE NUMBER:				SHIPPING ADDRESS IS:				
EMAIL: COMMERCIAL ADDR					RESIDE	NTIAL ADD	RESS	
ORDER DETAILS								
Part Number		Description		Qty	N	/ISRP	Extended Price	
39264000040		MECHANISM CONTROL ASSMB PRD CR63 V.1			\$	45.00	11100	
KEY-CR-80XX		KEY 80 (SPECIFY KEY #) CASH DRW (2/SET)			\$	8.00		
39266003113		TRAY FRAME ASSEMBLY BLACK FOR CR6310			\$	42.00		
39246020200		BILL ASSM MET (BRAK(1)/SP(5)/WGHTS(5)			\$	21.00		
Order Terms and Conditions					Product Total (U.S. Currency): \$ -			
* \$25 minimum order. Orders less than minimum will be billed at \$25  * Unless specified, quantity one will be shipped								
* Shipping costs will be added to invoice unless shipper account is provided  * Applicable state/local taxes will be added to all orders unless valid "Non-Taxable" documentation is provided with the order. * Valid documentation shall inloude: Tax Excempt or Reseller Certificate  * A 15% restocking fee applies to all returns  * Returns must be requested within 15-days of purchase for return consideration  * No credit for freight once order has shipped  * Prices subject to change without notice								
* Prices subject to change without notice * All backorders will ship according to original shipping method requested unless otherwise advised								
SHIPPING METHOD								
***Must specify, otherwise, <b>ground</b> service will be used***								
= =	xt Day	A.M. Service	P.M. Service					
3-0	Day Service Day Service Dund	A.M. Service	P.M. Service					
=	Bunu Ilect: Shipper Acco	ount No:						
	ments / Special							
·								
CREDIT CARD INFORMATION								
☐ VISA ☐ MASTERCARD			D	☐ AMERICAN EXPRESS				
	Credit	<del>_</del>	Expirat	ion Da	ate (mm/	уу)		
The undersigned agrees to payment terms and conditions as established by the authorizing credit card company, and therefore authorizes Posiflex Business Machines to charge the here stated amount to the listed credit card.								
Credit Card Billing Information:								
P	rint Name as i	t appears on Credit Card	Name:					
			Address:					
			City/State/Zip:					
Authorize	d Signature	Date	<u> </u>					