

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 INFORMATION	
COMPANY NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
COUNTRY:	
CONTACT NAME:	
PHONE NUMBER:	
EMAIL:	

SHIP TO: (if different from company address)	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
COUNTRY:	
REFERENCE:	

**SHIPPING ADDRESS IS:**

COMMERCIAL ADDRESS       RESIDENTIAL ADDRESS

ORDER DETAILS				
Part Number	Description	Qty	MSRP	Extended Price
P-LCDKIT001	ASSY KIT LCD/TOUCH/CAB/INV/RISER TP8K		\$ 661.00	
P-LCDKIT002	ASSY KIT LCD/TOUCH/CAB/INV KS61/63		\$ 570.00	
P-LCDKIT003	ASSY KIT LCD/TOUCH/CAB*2/INV KS62/66/69		\$ 578.00	
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 include: Tax Exempt 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

\* All backorders will ship according to original shipping method requested unless otherwise advised

SHIPPING METHOD	
***Must specify, otherwise, ground service will be used***	
<input type="checkbox"/> UPS	<input type="checkbox"/> Next Day
<input type="checkbox"/> FedEx	<input type="checkbox"/> 2-Day Service
	<input type="checkbox"/> 3-Day Service
	<input type="checkbox"/> Ground
<input type="checkbox"/> Collect: Shipper Account No:	_____
<b>Comments / Special Instructions:</b> _____	

CREDIT CARD INFORMATION		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS

\_\_\_\_\_ Credit Card Number

\_\_\_\_\_ Expiration Date (mm/yy)

*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.*

\_\_\_\_\_ Print Name as it appears on Credit Card

**Credit Card Billing Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_ Authorized Signature      \_\_\_\_\_ Date

**Forward Order form to CONFIDENTIAL fax: (510) 743-7071**