

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



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:	

SHIPPING ADDRESS IS: COMMERCIAL ADDRESS RESIDENTIAL ADDRESS

ORDER DETAILS					
Line Item	Part Number	Description	Qty	MSRP Price	Extended Price
1	39264000040	KIT: MECHANISM CONTROL ASSMB PRD CR63 V.1		\$ 45.00	
2	KEY-CR-80XX	KEY 80 _____ (SPECIFY KEY #) CASH DRW (2/SET)		\$ 8.00	
3	39266003113	TRAY ASSEMBLY, BLACK FOR CR6310		\$ 42.00	
4	39246020200	BILL ASSM, METAL, (BRAK(5)/SP(5)/WGHTS(5)		\$ 21.00	
Product Total (U.S. Currency):					
Tax*					
Freight (estimate):					
Order Total (U.S. Currency):					

* SHIPPING COSTS WILL BE ADDED TO INVOICE IF SHIPPER ACCOUNT IS NOT PROVIDED.

*Applicable state/local taxes will be added to all shipments to CA and NY unless a valid Reseller Number is provided *

* Order total will be billed in U.S. currency

**A 15% restocking fee applies to all returns ** No credit for freight

* Backorders will ship as available according to shipping method specified unless otherwise noted.

**Prices subject to change without notice

SHIPPING METHOD

Must specify, otherwise, **ground** service will be used

- | | | | |
|--------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> UPS | <input type="checkbox"/> Next Day | <input type="checkbox"/> A.M. Service | <input type="checkbox"/> P.M. Service |
| <input type="checkbox"/> FedEx | <input type="checkbox"/> 2-Day Service | <input type="checkbox"/> A.M. Service | <input type="checkbox"/> P.M. Service |
| | <input type="checkbox"/> 3-Day Service | | |
| | <input type="checkbox"/> Ground | | |
| | <input type="checkbox"/> Other / Specify: _____ | | |
| | <input type="checkbox"/> Collect: Shipper Account No. _____ | | |

CREDIT CARD INFORMATION

- VISA MASTERCARD 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.

Credit Card Billing Information:

_____ Print Name as it appears on Credit Card Name: _____
 _____ Address: _____
 _____ City/State/Zip: _____

_____ Authorized Signature _____ Date

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