



CREDIT CARD AUTHORIZATION

This document will serve as written authorization for a payment to Sandel Avionics, Inc., according to the following information:

Date: _____

Cardholder's Name: _____
(As it appears on the card)

Customer Name: _____

Customer Acct#: _____

Billing Address: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Credit Card #: _____ Exp. Date: _____
(Visa, MasterCard, Discover, or American Express)

PO# / Ref #: _____

Total Amount: USD \$ _____

Signature of Cardholder: _____
(This signature is authorizing use of the above listed credit card)