



INTERNATIONAL

107 Hillside Dr. Lewisville, TX 75057
972-353-4100

CREDIT CARD AUTHORIZATION FORM

Date: _____ Invoice # _____ PO# _____

This is to acknowledge that Aerotex International, Inc. has authority to charge the following account.... Amount \$ _____ plus 3% fee = _____

Credit Card: (circle one) Visa or Master Card or American Express

Account Number: _____

Expiration Date: _____ Security Code: _____

Name on the Card: _____

Card Billing Address: **INTERNATIONAL**

City: _____ State: _____ Zip: _____

Company name & address: _____

Authorization signed by : _____

Phone: _____

My P.O. Number: _____

Shipping Method

Ground 3 day 2 day Overnight Overnight AM Delivery International

My Shipper name: _____ Account number: _____