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CREDIT CARD SALE

Company: _____
Address: _____

Telephone: _____ Facsimile: _____
Contact: _____

Cardholder: _____
(Please Print or Type, exactly as name appears on your credit card)

Credit Card Billing Address: _____
(Exactly as it appears on your statement)

I authorize \$ _____ to be charged to my MasterCard/Visa *(Please Circle)*

Credit Card Account # _____

Exp. Date ____/____ Security Code (Mandatory): _____
(3 digit number on back of your card)

***We must have the Expiration Date and the Security Code
or the charge will be rejected by Visa and/or MasterCard.***

Cardholder Signature Date

By signing above you are authorizing the entered amount to be charged to your credit card account. Only the authorized cardholder may sign. You must enter the cardholder's billing address for this transaction to be processed. Once equipment is delivered, the Company or Person listed under "Bill To" on the invoice is responsible for the invoiced amount should the credit card company not pay for ANY reason. See equipment invoice for additional terms of sale.

(PLEASE COMPLETE THIS FORM AND FAX IT TO US AT (727) 442-1578.)

For Office Use Only

Authorization # _____

Authorization Date _____