

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:	

SHIPPING ADDRESS IS: COMMERCIAL ADDRESS RESIDENTIAL ADDRESS

ORDER DETAILS					
Line Item	Part Number	Description	Qty	MSRP Price	Extended Price
1	36504001163	REFURBISHED: LCD KIT, XGO1,INV,RISER,TOUCH,CABLE		\$ 325.00	
2	36282000010	FAN, CPU, w/HEAT SINK, TP5800		\$ 14.40	
3	20833200000	FAN, EXHAUST, w/CABLE, TP5800		\$ 12.60	
4	21972080125	ADAPTOR, POWER, 12V, TP5800		\$ 104.00	
5	20868600500	CABLE, POWER, 3 WIRE, TRI-CONNECTOR		\$ 8.00	
* SHIPPING COSTS WILL BE ADDED TO INVOICE IF SHIPPER ACCOUNT IS NOT PROVIDED.					Product Total (U.S. Currency):
*Applicable state/local taxes will be added to all shipments to CA unless a valid Reseller Number is provided *					Tax*
* Order total will be billed in U.S. currency					Freight (estimate):
**A 15% restocking fee applies to all returns ** No credit for freight					Order Total (U.S. Currency):
**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.

_____ 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