



AVALON EQUIPMENT CORPORATION

2453 Cades Way, Suite B
Vista, CA 92081
Tel: 760.536.0191 Fax: 760.536.0184
Toll Free: 888.542.8256

CREDIT CARD AUTHORIZATION

Credit Card Type: VISA MasterCard AMEX Expiration Date: _____
Credit Card Number: _____ Val Code #: _____
Name of Cardholder (as appears on card): _____

Billing Address:

Street: _____

City: _____
State: _____ Zip Code: _____
Billing Phone: _____

Ship To Address:

same as billing

Street: _____

City: _____
State: _____ Zip Code: _____
Ship To Phone: _____

Ship Via: UPS FedEx DHL Other: _____
Shipping Method: 1 Day 2 Day 3 Day Ground Account Number: _____
Shipping Comment: _____

EQUIPMENT PURCHASE

I, _____ authorize Avalon Equipment Corporation to use the above credit card for the purchase of _____ in the amount of \$ _____ plus applicable state taxes and freight charges and agree to Avalon's standard Terms and Conditions related to the sale of equipment. (Terms can be viewed on our web site at: www.avalontest.com/terms.htm).

Signature: _____ Date: _____