



Authorization for Credit Card Purchase



Purchase Details

Total amount to be charged: US\$ _____ ASTi quote number: _____

Purchase order number: _____ Today's date: _____

Are you purchasing everything in the quote? Yes No (please fill out page 2) ←



Purchaser Profile

Company name: _____

Contact name: _____ Phone number: _____

Credit card billing address: _____

Credit card ZIP code: _____



Shipping Address

Company name: _____

Contact name: _____ Phone number: _____

Shipping address: _____

(incl. country if outside U.S.) _____

Tax ID number: _____ Contact email: _____



Credit Card Information (Visa or Mastercard only)



Card number: _____

Expiration date: _____ Security code (on back): _____

Cardholder name: _____

Approved signature: _____

▲ Your payment cannot be processed, and your order cannot proceed without a signature.



DO NOT EMAIL this form with credit card information; it is a *serious security risk*.



Fax to: 703-471-2108

Don't have a fax machine? Call one of us with your credit card details:

Crystal Hemeon: 703-471-2104 ext. 100

Liz Gory: 703-471-2104 ext. 123



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Additional Purchase Details

If you are not purchasing all the items in the ASTi quote referenced on page 1, please provide the part number, description, and quantity of each item you wish to purchase below, and include this page when faxing or mailing. Use as many of these sheets as necessary.

Part Number	Description	Quantity