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| design |
|--------------|
| manufacture |
| direct sales |

One Time Credit Card Payment Authorization Form

| Charge Amount (USD): | PO or Quote Number: | | |
|--------------------------------------|---------------------|--------------------------------------|--|
| Billing Address: | Shipping | Address (If Different from Billing): | |
| | | | |
| | | | |
| | | | |
| | | | |
| Ship Via: | US Domestic | International | |
| UPS FedEx | Overnight Priority | International Priority | |
| DHL Other | Overnight Standard | International Economy | |
| Shipping Payment: | 2-Day Ground | Other | |
| Prepay & Add Shipping Collect 3-Day | | | |
| Customer Acct#: VAT / GST / Tax ID: | | | |
| Card Type: VISA MC AMEX DISC | | | |
| Card Number: | | | |
| Expiration: 3-4 Digit Security Code: | | | |
| Cardholder Name: | | | |
| Contact Name: | | | |
| Phone Number: | | | |
| Email Address: | | | |

I authorize INSTOCK Wireless Components, Inc to charge the amount listed above, plus shipping costs if applicable, to the credit card provided herein. I agree to the pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: _____ Date: _____

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