

**CE AVIONICS, INC.**  
2789 Flightline Avenue  
Sanford, FL 32773  
T: 407-323-0200 F: 407-321-3804  
[www.CEAVIONICS.com](http://www.CEAVIONICS.com)

**CREDIT CARD AUTHORIZATION FORM**

**Company Information**

LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation, list full corp. name)

STREET ADDRESS 1

STREET ADDRESS 2

CITY, STATE, ZIP

PHONE: FAX: EMAIL:

*(MasterCard, Visa, American Express)*

**Credit Card Information**

CREDIT CARD NUMBER:

EXPIRATION DATE:

NAME AS APPEARS ON CARD:

CVV #:

**Mailing Address on File with Credit Card company** (If you are unsure please call your Credit Card Company)  
*If this address is not correct it may delay your order.*

STREET

CITY/STATE

ZIP

**AUTHORIZATION**

Only the Authorized Agents named below will be allowed to make purchases using the credit card above:

Authorized Agent #1:

Authorized Agent #2:

The undersigned hereby declares that the credit card information listed above is true, accurate and appears in the name as stated. Authorization is hereby given to the above named agents to use this card for purchases from CE Avionics, Inc. Further, I authorize my credit card company to accept and to charge to my account purchases initiated by the above named individuals. I acknowledge that CE Avionics' invoice price is net of a 3% cash discount and by this signature authorize an additional 3% charge for invoice amounts exceeding \$5,000.00. This authorization allows CE Avionics, Inc. to continue to use this information and shall remain in full force and effect unless I revoke such authorization in writing.

X

Signature of Cardholder

X

Print Name Here

**PLEASE COMPLETE THIS FORM AND RETURN VIA FAX TO CE AVIONICS, INC. AT 407-321-3804.**