



495 Lake Mirror Rd. Bldg. 800, Suite G.
Atlanta, GA. 30349
Phone: 404-767-5800 Fax: 404-767-5900

CREDIT CARD AUTHORIZATION FORM

Precision Avionics & Instruments Sales Order # _____

Company Name _____

Company Telephone # _____

Company Fax # _____

Purchase Order # _____

I _____ (your name) hereby authorize Precision Avionics & Instruments to charge their services against my credit card account listed below. I understand that if this is an exchange order and if I do not return an acceptable core within 30 days, my credit card will be billed the agreed upon core charge. I agree that additional billing on an unsuitable returned core will result in additional charges to this credit card.

Credit Card (circle): We accept Visa, Mastercard, and American Express*

Account Number _____ CSV CODE- _____

(Must Have)

Expiration Date _____

Cardholder Name _____

Cardholder Address _____

_____, _____ Zip Code _____

Cardholder Phone # _____

Cardholder Signature _____

Date _____

PLEASE FAX FORM TO 404-767-5900

Attn: Fred Scarbrough

Others sell parts," WE SELL SUPPORT"

www.precisionaviationgroup.com