

Shipping/Order Form

TRANSACTION INFORMATION

ORDER DETAILS (OR ATTACH P.O.)

Company Name: _____

Card Holder's Name: _____

Credit Card Type: _____

Credit Card #: _____

Credit Card ID #: _____ (3 digits located on back of card)

Expiration Date: _____

Customer Phone: _____

Bill To Address: _____

Ship To Address: (If Different than Billing Address)

Refer to PO#: _____

One Time Use: (Y/N) _____ Charge for all orders: (Y/N) _____

I am the card holder of this charge card and I do authorize the use of my credit card for this purchase from Approved Networks, Inc.:

Signature of Credit Card Holder

Date

Desired Shipping Method: _____

(First Overnight, Priority Overnight, Standard Overnight, 2Day, Express Saver, Ground, Home Delivery)

Account Number (Optional): _____

(Fed Ex/ UPS/ DHL Only)

<u>Quantity</u>	<u>Part #</u>	<u>Price Per</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal: _____

Shipping Cost: _____

(Estimates Available Upon Request)

Applicable VAT or Import Tax, If Any: _____

(International Orders Only)

GRAND TOTAL: _____