CREDIT CARD AUTHORIZATION

FLEXTEK SYSTEMS CORP.

PLEASE FILL OUT THIS FORM AS COMPLETE AS POSSIBLE , THEN SIGN, DATE AND FAX IT TO US AT 1-352-684-4823

THIS INFORMATION IS FOR INTERNAL USE ONLY AND WILL ONLY BE USED FOR BILLING PURPOSES.

PURCHASE ORDER #: _____ DATE: _____

QUANTITY	PART NUMBER	MFR	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
				TOTAL:	

By signing this form, I, as a customer of Flextek Systems Corporation give Flextek permission to charge my credit card as it appears above to pay the current invoice. I confirm that all information provided is correct and valid. I also confirm that after the above amount has been charged I will not attempt to deny or contest the charge.

CREDIT CARD INFORMATION: CARD TYPE (CIRCLE ONLY ONE) VISA MASTERCARD AMEX

CREDIT CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____

CARD HOLDER BILLING INFORMATION:

CARD HOLDER'S NAME: _____

CARD HOLDER'S ADDRESS: _____

CITY, STATE, ZIP, COUNTRY: _____

SHIPPING INFORMATION:

COMPANY NAME: _____

SHIP TO ADDRESS: _____

CITY, STATE, ZIP, COUNTRY: _____

SHIPPING ACCT #: _____ SHIPPING METHOD: _____