



1225 Puerta Del Sol
San Clemente, CA 92673

Phone: 949-276-7880
Fax: 949-276-7899
www.axiselectronics.com

Credit Card Form

Please fill out as complete as possible the sign, date and fax it to us at 949-276-7899. All credit card orders over \$1000 will be charged a 3% credit card convenience fee. This information is for internal use only and will not be disclosed to anyone for any other purposes than billing for authorized purchases listed below.

Purchase Order# _____
(If you don't have a number just use your name)

Date: _____

| QTY | PART# | MFG | D/C | Price (each) |
|-----|-------|-----|-----|--------------|
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Credit Card Information: Card Type: (Circle one) VISA MASTERCARD AMEX

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Card Holder Billing Information:

Card Holders Name: _____

Card Holders Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Shipping To Information:

Company Name: _____

Ship To Address: _____

City: _____ State/Province _____

Zip Code: _____ Country: _____

Shipping Account# _____ (Circle one) FedEx UPS DHL Other

Shipping Method: (Please circle one) NextDay AM NextDay PM 2Day 3Day Ground