



### Sales Agreement

#### CUSTOMER AUTHORIZATION TO PURCHASE WITH CREDIT CARD

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Sales Order # \_\_\_\_\_ PO # \_\_\_\_\_

Credit Card: (check off)  Visa  MasterCard  American Express  Discover Card

**Credit Card #**

CVV2 (Last 3 numbers on back of card above signature, AMEX Last 4 #'s on Front) Security Code

Credit Card Bank Phone on Back of Card Tel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please note: Your Credit Card Name, billing address, etc., must be entered exactly as it appears on your credit card statement. Please check your bank statement for accuracy to avoid delays or rejection of processing your order.*

Credit Card Holders Name as Printed on Card \_\_\_\_\_

Credit Card Billing Number & Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number (on File with Bank) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Telephone Number #2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_ Email # 2 \_\_\_\_\_

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**I AUTHORIZE APS CELLULAR, INC. TO CHARGE MY CREDIT CARD IN THE AMOUNT AS FOLLOWS:**

Product Total Of: \$ \_\_\_\_\_ - \_\_\_ Shipping / Handling Fee\* \$ \_\_\_\_\_ - \_\_\_

Signed & Accepted by: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

DBA / Company: \_\_\_\_\_

\* Shipping & Handling may be calculated when actually processed and added to the total.

**Please Fax Completed Forms to APS Cellular, Inc. 866-440-4279**



**CUSTOMER AUTHORIZATION TO SHIP MERCHANDISE TO AN ALTERNATE ADDRESS**

**I AUTHORIZE APS CELLULAR, INC. TO SHIP MY MERCHANDISE PAID BY CREDIT CARD TO AN ALTERNATE SHIPPING ADDRESS. PLEASE SHIP MY ORDER TO THE FOLLOWING LOCATION:**

**Credit Card Billing Name** \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**SHIP TO: Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PO #** \_\_\_\_\_ **ORDER #** \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Printed Name**

**Signature**

**Title**

**Date**

*Please Fax Completed Forms to 866-440-4279*