



[Today's Date: _____][Company Name: _____]
[Contact Name: _____]
[Company Address: _____]

To Whom It May Concern:

As a security measure, we would like to request that you please take a few moments to complete the following form. In this way, we can have your signature on file authorizing VIAIR to charge the card below for any future orders placed by you.

Please complete the form below and fax back to us at (949) 585-0188

Thank you for your attention to this matter.

Sincerely,
Accounting Department

AUTHORIZATION FORM

CARD HOLDER NAME _____

BILLING ADDRESS: _____

CITY _____ STATE & ZIP _____

VISA M/C A/E DISC CARD NUMBER _____

EXP. DATE: _____ / _____ CCV VALUE: (3 DIGITS ON BACK OF CARD): _____
(FOR A/E CARDS: CCV IS 4 DIGITS ON THE FRONT OF THE CARD)

SIGNATURE: _____ DATE: _____

**15 Edelman
Irvine, CA 92618
Phone (949) 585-0011 Fax (949) 585-0188**