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CREDIT CARD AUTHORIZATION FORM

Please complete form and return via email to your Sales Representative.

Card Choice (choose from drop-down menu) AMEX not accepted	
Credit Card #	
Credit Card Expiry	
Cardholder Name on Card (if applicable)	
Company Name on Card (if applicable)	
Cardholder Address	
Name of Bank issuing Credit Card	
Phone # of Bank issuing Credit Card	
Dollar Amount	
Description of Payment: Purchase Order, Sales Order or "blanket" form	

Additional charges may applicable for cores, exchanges and/or shipping charges.

I, _____, authorize KADEX Aero Supply Ltd to process payment on credit card according to the description listed above, which may include any additional charges.

Signed _____

Date _____

I agree that the typed signature above is the electronic representation of my acknowledgment that the information provided is correct and agreed upon.