

- *Test Equipment Rental and Sales*
- *Technical Skills and Safety Training*
- *Supplementary Manpower*
- *Testing and Maintenance Services*
- *Diagnostic Services*



www.technicaldiagnostic.com
www.test-equipment-rental.com

Technical Diagnostic Services, Inc.
15825 Trinity Blvd.
800/225-7271
817/465-9494
817/465-9573 Fax

ATTENTION:

- If this is a **company** credit card, please include a copy of the card, front and back.
- If this is a **personal** credit card, please include a copy of the card, front and back and a copy of the driver license of the person whose name is on the credit card.
- A signed copy of the credit card authorization form is required**, which serves as an express authorization from the individual the charge card is issued to, stating that TDS is authorized to charge against the card.
- To process your order using one of the following acceptable Credit Cards as the means of payment, TDS requires the following information to be returned by **fax** to our Sales Department at: **817-465-9573**. Or **scan and email** it to your sales representative.

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CREDIT CARD AUTHORIZATION FORM

- BLANKET for MULTIPLE future orders. If this applies, CHECK and skip to Card info below:
 SINGLE ORDER If this applies, CHECK and note transaction number here: R# _____
 List any transaction details here: _____

Payment type: Rental/Lease (est. months ___), Purchase, Payment on Account, Other _____

Monthly rate or Purchase Amount \$ _____

Estimated shipping/Handling Amount \$ _____ *or Collect # _____

Other Costs (Cal Cert, Paper, etc.) \$ _____

Estimate of Applicable Sales/Use Taxes \$ _____ *Check if Tax Exempt. Please provide a
 (as determined by Ship-to Address) **valid Certificate for Ship-to State**

TOTAL OF ESTIMATED CHARGES \$ _____

To process your order using one of the following acceptable Credit Cards as the means of payment, TDS requires the following information to be returned by FAX to our Sales Department at: **817-465-9573**. Or scan and email it to your sales representative.

1. Card Type: Visa Master Card American Express
 Card Number : _____ Exp. Date (mm/yy) _____ Security Code _____
 * Please note any transaction or daily limits that may affect charges on card: \$ _____

2. BILL-to Address:	SHIP-to Address:
ATTN- _____	ATTN- _____
Company _____	Company _____
Street _____	Street _____
City/ST/Zip _____	City/ST/Zip _____

3. PLEASE NOTE!!!!

- A. If this is a **company** credit card, please include a copy of the card, front and back.
- B. If this is a **personal** credit card, please include a copy of the card, front and back and a copy of the driver license of the person whose name is on the credit card.

4. **A signed copy of this letter**, which serves as an express authorization from the individual the charge card, is issued to, stating that TDS is authorized to charge against the card.

I have read and understand the above, and do hereby give authorization to Technical Diagnostic Services, Inc. to charge against my card all amounts billed for this transaction including applicable taxes, shipping and handling charges. I also agree that if "BLANKET" use is indicated above, this authorization extends to transactions to be specified in the future. **Moreover, if this is used for a Rental/Lease transaction, I acknowledge this to be a recurring charge and that additional billing and charges will occur until such time as all equipments and respective accessories are returned and the rental is terminated.**

By signing below, I further acknowledge that I am an authorized user of this card and that I have the authority to grant approval for this use or amount.

 Signature of Authorized User Date Phone

 Printed Name of Authorized User Company Name