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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Federal Govenment Credit Card Order**  **GSA Contract Number:** GS-03F-0192V  **Cardholder’s Name and Information** (as it appears on the credit card statement) | | | | | | | | | | | | | | | |
| Please charge my: Visa MasterCard American Express Card # | | | | | | | | | | | | | | | CVC# |
| Expiration Date: | | | Amount Authorized (US $): | | | | | | | Todays Date: | | | | | |
| Name as it appears on Credit Card: | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City: | | | | State: | | | Zip/Postal Code: | | | | | Country: | | | |
| Phone Number: | | | | | | | Fax Number: | | | | | | | | |
| Card Holders Email Address: | | | | | | | | | | | | | | | |
| \***Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note: By signing above, you are authorizing Appenx, Inc, to debit your Credit Card for the authorized amount listed above.** | | | | | | | | | | | | | | | |
| **Ship To:** | | | | | | | | | | | | | | | |
| Name: | | | | | | Company: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City: | | | | | State: | | Zip/Postal Code: | | | | | | Country: | | |
| Phone Number: | | | | | | | | Fax Number: | | | | | | | |
| Special Instructions: | | | | | | | | | | | | | | | |
| **Participating Dealer:** | | | | | | | | | | | | | | | |
| Name: | | | | | | Company: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City: | | | | | State: | | Zip/Postal Code: | | | | | | Country: | | |
| Phone Number: | | | | | | | Fax Number: | | | | | | | | |
| P.O. Number: | | | | | P.O. Date: | | | | Email Address: | | | | | | |
| **Appenx Signage:** | | | | | | | | | | | | | | | |
| Item | Qty | Product # / Quote # / Invoice # / See attached listing / Description | | | | | | | | | Unit Price | | | Extended Price | |
| 1 |  |  | | | | | | | | | $ | | | $ | |
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|  | | | | | | | | | | | **Subtotal:** | | | $ | |
| **Installation:** | | | $ | |
| **Prepay:** | | | $ | |
| **Shipping:**  4% of net/Min $9.00 | | | $ | |
| **Total:** | | | $ | |