

CREDIT AUTHORIZATION FORM - (Please Fill Out Completely)

Date:	
То:	Batteries In A Flash.com, Inc. (and subsidiaries or affiliate websites) 720 W Cheyenne Ste 170 - N. Las Vegas, NV 89030 Phone: (702) 248-2423, Fax: (702) 248-2623, Email: sales@biaf.com
	horized Cardholder on the CREDIT CARD complete and sign the following statement on PURCHASE ORDER and/or INVOICE
I,	, authorize BatteriesInAFlash.com, Inc., for \$USD
To charge my (card	type)* credit card #:
	Security Code (V-Code): *
Name on card:	
CC Billing Address	:
City:	State: Zip:
Phone No:	Email Add:
In the amount of \$	U.S. Dollars
Please write in dollar	r amount here:
(credit careCOPY OFCOPY OF	t Card On File? Yes No d information is stored offline for your protection) IDENTIFICATION OF CARD HOLDER REQUIRED (Front) Done CREDIT CARD REQUIRED (Front & Back) Done or copies and then scan, do not directly email/ fax from the scanner)
Shipping Authoriza	tion: I authorize Batteries In A Flash.com, Inc. to ship on my account. Or leave blank.
Carrier (UPS/FedEx/	DHL)Account #
Service: Ground	2 Day 3 Day Standard Overnight Priority Overnight
Authorized Shippin	<u>g Address</u>
<u> </u>	
City:	State: Zip:
Signature	Date: