



**CREDIT CARD ORDER FORM**

For credit card orders, please complete this form and fax to: **650-692-3930** or email to: **MCS@flir.com**.

**1. CONTACT INFORMATION**

Name of Company	Telephone	Fax
Contact Person	Title	Email

**2. SHIP TO**

Name	Company	Telephone
Address (no P.O. Boxes)	City, State, Country, Zip/Postal	FAX

**3. ORDER**

All orders FOB. Burlingame, CA USA. Customer is responsible for all applicable import duties/tariffs.

<u>Qty</u>	<u>Model Number</u>	<u>Description</u>	<u>Unit Price</u>	<u>TOTAL</u>

SubTotal	
Sales Tax*	
Shipping**	
<b>TOTAL</b>	

**4. SHIPPING**

Circle Shipping Method:    **Next Day**    **2-Day**    **3-Day**    **Ground**

*\*When purchasing items for resale, please provide a copy of the resale certificate at time of order. Otherwise, sales tax will apply for orders shipping to addresses in the following states: AL, AZ, CA, CO, FL, GA, ID, IL, KY, LA, MA, MD, MN, NJ, NY, NC, OH, PA, SC, TN, TX, VA, WA, WI*

*\*\* Shipping costs vary by method, location, and weight. Call for estimate or leave blank*

**5. PAYMENT (choose one)**

<input type="radio"/> <input type="radio"/>	Name (as appears on card)	Credit Card #	3/4 digit CVV2 Code (IMPORTANT)	Expiration Date:
	Billing Street Address (where statements are mailed)		City, State	Country
			Zip/Postal Code	<b>ALL INFO REQUIRED TO PROCESS ORDER</b>

1/28/2011