

SPECIALTY VALVE & CONTROLS CO.

3001 Griffith Street * Charlotte, NC 28203
704-522-9873 Fax 704-522-9875

ATTENTION:

COMPANY:

Please fill out and return by fax the following credit card authorization sheet for our records so we can process your order. Thank you for your consideration and your order. If you have any question you may contact me at 522-9873. Please provide your shipping address.

PRE AUTHORIZATION FOR CREDIT CARD USE

Date : _____ Company _____

I AUTHORIZE SPECIALTY VALVE & CONTROLS CO.

TO CHARGE MY VISA CARD TO CHARGE MY MASTER CARD

CARD HOLDER ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: _____
Month Year

Card Holder

Authorized Name: _____

Card Holder Authorized Signature: _____

Please select option:

THIS PURCHASE ONLY _____

ALL PURCHASES ALL YEAR _____

ALL CHARGES PERMANENTLY BILLED _____

CREDIT CARD BILL TO ADDRESS

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PRODUCT SHIP TO ADDRESS

ADDRESS _____

CITY _____

STATE _____ ZIP _____

ITEMS ORDERED:

Recertification of Test Kit _____

15% SVC Trade in _____

20 % Trade Credit _____

New MID-WEST 830 _____

New MID-WEST 845-5 _____

New MID-WEST 845-3 _____

Vertical Site Tube Assy _____

Bleed Off-Valve Assy _____

Test Cock Cleaning Tool _____

Test Kit Carry Case 845 _____

Quick Disconnect Fittings

110705 110706

590070 59007015

590045

Printed 3/17/2006 4:42:14 PM

FAXED: