

nAppliance, Inc.

540 Dado Street, San Jose, CA 95131

Phone: (408) 943 8000 FAX: (408) 943 8222

Credit Card Charge Authorization

Please complete the following form and return it with your order(s) by fax:

Company Name: _____

Card Holder's Name: _____

Card Holder's Address: _____

Shipping Address: _____

Card Holder's Phone#: _____

Credit Card Type: Master _____ Visa _____ Expiration Date: _____

Credit Card Number: _____

Reference Quote#: _____ Amount: _____

This is to authorize nAppliance, Inc. to charge my credit card for the above referenced quote.

Would you like us to keep this card info on file for future orders _____yes_____no

Authorized Signature: _____

Date: _____

For Office Internal Use Only

| | | |
|-------------|---------|-------|
| Invoice #: | Amount: | |
| Authorize#: | Date: | Time: |
| Note: | | |