



Credit card authorization form

TEST EQUIPMENT SALES LEASING AND ACQUISITION
1651 Whipple Rd. #25 Hayward, CA 94544
phone:510-489-5246 fax: 510-475-0442

I hereby authorize TESLA to charge my credit card for the sale, repair, rental of the following equipment:

Make	Model	Options	Price
Your P.O. or reference number:		*Authorized Amount (shipping /taxes extra) (USD)\$ _____	
TESLA Quote Number:			

VISA Master Card AMEX Discover

***Card information:**

***Bill to address:**

Company name:	Address 1 :
*Name on card:	Address 2 :
*Card #:	City :
*Exp. Date:	State or region :
*Phone: ext:	Zip / Postal code :
*Security code (on back of card):	Country :

***Print Name:** _____ **E-mail:** _____

***Signature:** _____ **Date:** _____

***Shipping information:**

Will Call (call 510-489-5246 before pick-up) Delivery (free within 25 miles of Hayward)

Pre-pay and add Ship on my account number: _____

Ship via : UPS Fedx DHL Other _____

Method: Ground 3 day 2 Day Overnight Priority1 (AM delivery)

Ship to: (if different from bill to)

Address 1: _____

Address 2 : _____

City: _____ State: _____

Postal / Zip code : _____ Country: _____

ATTN : _____

*** Required information**