

CREDIT CARD PAYMENT FORM

O-NAVI LLC | PO BOX 27213 | SAN DIEGO, CA 92198-1213 Customer Order Ref. _____ RETURN FAX: 760-489-6688 SHIPPING ADDRESS BILLING ADDRESS (AS PRINTED ON CARD STATEMENT) O SAME AS BILLING ADDRESS COMPANY _ COMPANY ___ ATTENTION _____ NAME _____ ADDR 1 ___ ADDR 1 ____ ADDR 2 ____ ADDR 2 ____ CITY _____ ST ____ ZIP _____ CITY _____ ST ___ ZIP ____ TEL _____ TEL _____ FAX _____ E-MAIL ___ E-MAIL ___ CARD HOLDER NAME XXXX XXXX XXXX XXXX (XXX) **CARD NUMBER** SIGNATURE **EXPIRATION** SECURITY CODE O VISA O MASTER CARD SECURITY CODE O DISCOVER O AMERICAN EXPRESS **CARD HOLDER AUTHORIZED** SIGNATURE DATE **AMOUNT** SIGNER AGREES TO THE TERMS AND CONDITIONS AS STATED IN THE CARDHOLDER AGREEMENT. PURCHASER MUST OBTAIN RETURN MERCHANDISE AUTHORIZATION PRIOR TO SHIPPING RETURN ITEMS. SUBJECT TO TERMS & CONDITION OF SALE. BY SIGNING ABOVE, CARD HOLDER ACKNOWLEGES RECEIPT OF, AND AGREES TO, TERMS & CONDITION OF SALE. CHARGE WILL APPEAR ON CARD HOLDER STATEMENT AS 'O-NAVI, LLC, ESCONDIDO, CA' CARD HOLDER AGREES TAXES AND SHIPPING CHARGES MAY BE ADDED TO 'AUTHORIZED AMOUNT' AS APPLICABLE. FOR DOMESTIC ORDERS ONLY **DESCRIPTION** ITFM OTY PART NUMBER UNIT **EXT** 1 2 3 4 5 6 7 **REMARKS / SPECIAL INSTRUCTIONS:** SUB-TOTAL **EXEMPT** CALIF. (7.75%) TAX

SHIPPING TOTAL

California tax exemption certificate required.