



PLEASE REFER TO THE FINAL QUOTE SUPPLIED BY THE TRAVSONIC SALES REP.

Select the payment terms you wish to use below:

___ 50% down payment

___ 100% Payment

You approve that the information below is correct and you allow TravSonic to process your credit card with the card info below.

Signature: _____ Date: _____

CREDIT CARD INFORMATION

() Credit or () Debit
() Visa () MC () Disc () Amex

Card Number: _____ Exp: ____/____

Card Holder: _____

Billing Address: _____

Billing Zip: _____ Phone: _____

Email: _____

() 50% or () 100% (free overs)

PERSONAL INFORMATION

Name: _____

Engineer: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

IMPORTANT NOTES:

Payments: All payments must be cash, certified check, money order, Visa, MasterCard, Discover, or American Express. (Be sure to check with your bank regarding daily spending limitations!) Priority Turn and Rush orders must be pre-paid in full. Final balance must be paid before product ships.

Our Policy: This quotation is provided in good faith based on the cost of raw materials, market conditions, and the information provided by the customer on the above quotation date. Please contact your Product Specialist before sending any materials, as prices are subject to change without notice.