



3300 WEST MAIN STREET
LANSING, MI 48917
PHONE 517-371-7100 FAX 517-371-2188

CAPITAL DATA, INC

I _____ authorize Capital Data, Inc. to
(name printed)
charge my credit card # _____
expiration date _____ in the amount of \$ _____ US.

Equipment to be purchased: _____

I understand shipping charges will also be charged to my card along
with a \$5.00 handling fee and the above amount referenced is for
goods only. I understand Capital Data will only ship to the
verified

address on record for my credit card. My credit card billing
address

is: _____

I may request an alternate shipping address, if so I will list this
with my credit card company that address is _____

_____.

It is also understood that once the product has shipped, should I
change my mind regarding this purchase or wish to return the
product

for other than defective, a 35% restock fee will be assessed and
will

be deducted from the credit to my card. Products have 30 day
warranty.

(Signature) (Date)

**Customer Phone# _____

Customer Fax#_____

Customer Email Address:_____

REV. 05/01