



Accessories Order Form

(One form per location)

Qty	Description	Item number	Price	Extended Price
	i365 Sleeve	AC-CA-i365-02	\$24.99	
	i615 Sleeve	AC-CA-i615-01	\$24.99	
	i355 Sleeves		\$24.99	
	Padded Holster		\$19.95	
		Total		

Shipment method Overnight: (8:30am <input type="checkbox"/> 10am <input type="checkbox"/> 3:30pm <input type="checkbox"/>) 2-day <input type="checkbox"/> 3-day <input type="checkbox"/> *	
* If no method selected, accessory (s) will be shipped 3-day	
Shipping Address	Billing address of card (if different than shipping)
Attn:	Attn:
Company Name:	Company Name:
Address	Address
Phone #:	Phone #:
PO # if required:	
Email address for receipt	Email address for receipt

Credit Card Use Authorization Form	
I hereby provide this valid, one-time authorization for AirClic Inc. of Trevese, PA, to charge a total amount of \$_____ on the credit card listed below for this sleeve(s)/accessory purchase above. A receipt for each transaction will be provided via email.	
Please Check: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	
Credit card #: _____	
Card expiration date (month/year): ____/____	
Name on card: _____	
Name of authorizer: _____	Signature: _____
Date: ____/____/____	

Please sign/submit directly **via fax** to 267-354-3770 or **email** to "contracts@airclic.com".