



DROP SHIP AUTHORIZATION FORM

Date: _____

I, _____ hereby authorize NAV-TV Corp to charge my credit card for the amount listed below. Our phone conversation gives NAV-TV Corp the required authorization to charge my credit card. If shipping to an address other than the cards billing address it must listed in shipping address.

Customer Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number _____

Credit Card Type _____

Card Number _____

Expiration Date _____ Sec Code _____

Amount Authorized _____

Card Holders Signature _____

Requires copies of credit card / drivers license or photo ID. All copies must be legible. Orders will not be shipped unless this form is received.

Fax form to 561-955-9760