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AMERICAN EXPRESS CHARGE AUTHORIZATION FORM

I authorize ANALOG DIGITAL INTL, INC. to process charges on my AMEX card for the following:

PRINTED NAME ON CARD: _____

COMPANY: _____

ADDRESS: _____

TEL: _____ FAX: _____

SHIP TO ADDRESS (if different from bill to address): _____

EMAIL ADDRESS: _____

TODAY'S DATE: _____

FOR: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

AMOUNT TO BE CHARGED: _____

YOUR SIGNATURE: _____

A COPY OF YOUR CREDIT CARD (FRONT AND BACK) ALONG WITH PROPER I.D. MUST BE PROVIDED FOR PROCESSING.