



3158 Redhill Avenue, Suite 270
 Costa Mesa, CA 92626
 1-800-255-TABS

SUBSCRIBER AGREEMENT
 THIS AGREEMENT INCLUDES THE STANDARD
 TERMS AND CONDITIONS ON BACK OF AGREEMENT

Name Thomas
 Business Name _____
 Address _____
 City Shrewsbury State NJ Zip 07702
 Telephone (Home) _____
 (Office) _____
 Ship to: (if different from above) Mr, Ms _____
 Address _____
 City _____ State _____ Zip _____
 Fee Schedule:

Customer No. 2318 Acct. Rep. 6
 Payment Method: COD Enclosed Charge P.O.
 Credit Card Name Master Card
 No. _____
 Exp. Date 11/88 Purchase Order No. _____
 Additional charges to be invoiced to
 Individual Business
 Driver's License No. _____ State _____
 Pilot License No. _____
 Long Distance Call Required Yes No
 IPU Location _____

- \$ _____ one time subscription fee plus 0.60¢ per minute connect time.
- Block time payment for reduced connect time fee
 - \$ _____ pre payment = 0.50¢ per minute

Payment: Initial fee paid at time Agreement is signed. Other payments per Terms and Conditions above.

Type of Computer Terminal to be used: _____ Type of Color Graphics Board: _____

TO BE FILLED OUT BY SUBSCRIBER		OFFICE USE ONLY	
Should you wish to use our flight planning system, please provide us a complete copy of the performance section of your aircraft flight manual along with a copy of your weight and balance. <input type="checkbox"/> Performance section & weight and balance of the following aircraft are attached. N _____, N _____, N _____, Type _____, Type _____, Type _____.	NAME (USER)	I.D.	Password
	1.	122318	2369
	2.		
	3.		
	4.		
	5.		

EQUIPMENT ORDER

Date Shipped	Via	Terms (Circle One)
10/ /87	UPS 2nd Day Air	Cash / COD / P.O.

QTY.	DESCRIPTION	SERIAL #	PRICE EACH	TOTAL PRICE
1	Subscription Kit		30.00	39.00
1	Sceptre	213000026		69.00
	Shipping & Handling			14.50
Sales Tax %				
Total				122.50

Remark: _____ \$10 Monthly Minimum

I have read and understand the above agreement, the Terms and Conditions on the reverse side of this agreement, and the Subscriber's Manual referred to in the Terms and Conditions (the receipt of copies of all of which I hereby acknowledge) and I agree to be bound by all of the provisions thereof.

Subscriber Signature _____ Date _____
 Sales Representative Kathei Warren Date 10/15/87
 Approved by Aviotex _____ Date _____

0012250

5378760

11
/ 88

1087

AVIOTEX
COSTA MESA CA
1195354

THIS FORM TO BE USED WITH



OR



SALES SLIP

IMPORTANT: RETAIN THIS COPY FOR STATEMENT VERIFICATION

SAFEIPERF® U.S. Pat. 4,403,793

CUSTOMER COPY

DATE	AUTH. NO.	IDENTIFICATION	CLERK	REG./DEPT.	TAKE SEND
10 15 87	000042		6		<input type="checkbox"/> <input checked="" type="checkbox"/>
QUAN.	DESCRIPTION		UNIT COST	AMOUNT	
1	TABS			39	-
1	Scepter			69	-
				14	50
The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card.			SUB TOTAL		
PURCHASER-SIGN HERE			TAX		
X			TIPS/MISC.		
			TOTAL		122 50