



Order Authorization Form

☐ **New Client** (must be submitted with a signed Controlit Service Agreement)

Date: _____

☐ **Existing Client – Provide Acct #:** _____

Sales Agent: _____

Distributor: _____

Section A: Customer Information

BILL TO

Company: _____

Contact: _____

Address: _____

City, State Zip: _____

Phone: _____

Fax: _____

Email: _____

☐ **Check off if Ship to is the same as Bill to**

SHIP TO

Company: _____

Attention: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

***Section B: Service Plan & Order Summary**

Choose Service Plan

☐ **4G + 1 Year**

☐ **4G + 2 Years**

☐ **4G + 3 Years**

☐ **Crash Sensor**

Kit	Options	Quantity	Price Eac.	Total
Basic	<input type="checkbox"/> Basic Kit			
	<input type="checkbox"/> Basic Kit w/ OBD			
	<input type="checkbox"/> Starter Disable Kit			
	<input type="checkbox"/> Starter Disable Kit for GM vehicles			
	<input type="checkbox"/> Starter Disable Kit for Push2Start & Hybrid vehicles			
Collection Tool	<input type="checkbox"/> Collection Tool Kit			
	<input type="checkbox"/> Collection Tool Kit w/ OBD			
	<input type="checkbox"/> Collection Tool Kit for GM vehicles			
	<input type="checkbox"/> Collection Tool Kit w/o Starter Disable			
	<input type="checkbox"/> Collection Tool Kit for Push2Start & Hybrid vehicles			
Other	<input type="checkbox"/> Toy			
	<input type="checkbox"/> Camper			

Shipping Method: (Note: Some services are not available to certain destinations)

<input type="checkbox"/> Next Day Air	<input type="checkbox"/> 2 nd Day Air	<input type="checkbox"/> 3rd Day	<input type="checkbox"/> Ground	<input type="checkbox"/> Ituran delivery	Sub Total:
<input type="checkbox"/> 8:00am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> EOD	<input type="checkbox"/> 10:30am	<input type="checkbox"/> EOD	S &H:
<input type="checkbox"/> Saturday Delivery	<input type="checkbox"/> Charge my Shipping Acct: (UPS/FedEx):			<input type="checkbox"/> Customer pick up	Tax:
					Total Due:

Section C: Payment Method

☐ MasterCard ☐ Visa ☐ Amex ☐ Discover ☐ Card on File ☐ ACH

Name on Card: _____

Card Billing Address: _____

Exp. Date

Mo.

Yr.

City, State Zip: _____

Credit Card Number

Security Code

TERMS AND CONDITIONS. I ACKNOWLEDGE AND UNDERSTAND THAT THE TERMS AND CONDITIONS STATED ON THE REVERSE AND AT WWW.ITURANUSA.COM SHALL APPLY TO THIS AND ALL FUTURE ORDERS. THE UNDERSIGNED CUSTOMER HEREBY REQUESTS AND AGREES TO PAY FOR LOCATION AND MONITORING SERVICES FOR THE TERM AND RATE SPECIFIED ABOVE. IF THIS AGREEMENT IS ACCEPTED BY ITURAN, THE LISTED EQUIPMENT AND SERVICES WILL BE ACTIVATED FOR USE BY ITURAN. THE CUSTOMER CONFIRMS THAT THE UNIT WILL BE ACTIVATED ONLY AFTER PAYMENT HAS BEEN MADE TO ITURAN FOR THE UNIT AND SERVICE PLAN. RENEWAL OF SERVICE WILL BE AT ITURAN'S PRICES THEN IN EFFECT. BY SIGNING BELOW YOU ACKNOWLEDGE YOU HAVE READ AND ARE ACCEPTING THE TERMS OF THIS AGREEMENT, INCLUDING THE TERMS AND CONDITIONS STATED ON THE REVERSE. ACCEPTANCE BY ITURAN OF THE CUSTOMER'S ORDER IS SUBJECT TO APPROVAL BY A DULY AUTHORIZED REPRESENTATIVE OR EMPLOYEE OF ITURAN. CHECKS MUST BE MADE PAYABLE TO ITURAN USA, INC. PAYMENTS MADE DIRECTLY TO INSTALLERS OR DEALERS IN VIOLATION OF THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL RENDER THIS AGREEMENT VOIDABLE BY ITURAN AND RELEASE ITURAN USA, INC. FROM ANY AND ALL OBLIGATIONS HEREUNDER

* This form is applicable to clients that have previously signed a service agreement for Equipment & Service and for exclusive use of adding units to your account.

* Units are subject to renewal upon completion of term and will be subject to reactivation fees if expired.

* Minimum first order, 5 units.

Name (Print): _____

Title: _____

Signature: _____

Date: _____

Please fax this form to: 1-877-488-7261