



CREDIT CARD AUTHORIZATION

For the purpose of credit card orders by phone, I, the undersigned, _____ authorize Arista Corporation the right to charge my account for all purchases placed by the following individuals:

Authorized Individuals:

Company Name: _____

Cardholder Name: _____

*Billing Address: _____

City, State, Zip: _____

Card Holder Phone Number: _____

VISA/MC/AMEX Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ Card Type: ___ VISA ___ MC ___ AMEX

Purchase Amount: _____

I (We) certify that the above information is correct to the best of my (our) knowledge. If the above information is incorrect, Arista Corporation reserves the right to revoke any and all credit terms granted. Arista will charge interest of 1.5% per month on all invoices considered past due according to the credit terms extended. I (We) agree to pay all reasonable attorney fees or collection charges associated with the late payment of this account.

Cardholder Signature Date

Company Officer Date

All purchases placed with Arista Corporation must be shipped directly to the cardholder billing address. If it is to be dropped shipped to a different address, it will only be done with a signed authorization from the cardholder. Information must be submitted and have an authorized signature of the cardholder. The customer will pay for all freight charges on refused shipments.

***Also specify shipping address if different from billing address**

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