



www.wfcoelectronics.com



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ARTERRA Distribution would like to help our customers in any way we can. Our Limited Warranty requires that the product be returned to ARTERRA Distribution, tested by one of our technicians and determined to be defective due to materials or workmanship before a replacement unit can be sent.

We understand that under certain circumstances, situations may arise that require immediate action. Therefore, ARTERRA Distribution has provided a method of using a credit card to secure the replacement part immediately.

Below is a credit card authorization form. If you authorize ARTERRA Distribution to send a replacement unit out to you immediately, please read and complete the form below. All of our shipments are sent out Monday thru Friday using UPS Ground. However, you may authorize us to send the parts express **at your expense**. See below for shipping methods.

### AUTOMATIC BILLING AUTHORIZATION FORM

I, \_\_\_\_\_, am providing my credit card information (see below) to ARTERRA Distribution for the sole purpose of retaining a warranty replacement unit immediately. I understand this is for warranty purposes only. I agree that if I neglect to send in the power converter, inverter, pump or any components associated with ARTERRA Distribution products for warranty or if the units tests good or are considered non-warranty as per the Limited Warranty statement, ARTERRA Distribution will bill my credit card for the replacement parts. I also understand that if I choose to have the unit shipped through express service, ARTERRA Distribution will bill my credit card for shipping charges.

**Signature of cardholder:** \_\_\_\_\_

Please check which shipping method you prefer:

My credit card information is as follows:

**Credit Card Type:** \_\_\_\_\_ (Visa or MC)

\_\_\_\_\_ Ground (included)

**Name:** \_\_\_\_\_  
(Exactly as it appears on credit card)

\_\_\_\_\_ 3 Day Select (fee)

\_\_\_\_\_ 2<sup>nd</sup> Day Air (fee)

**Address:** \_\_\_\_\_  
(Same as credit card billing address)

\_\_\_\_\_ Next Day Air (fee)

\_\_\_\_\_  
(City, State, Zip)

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code (CVV):** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_