Authorization of Payment Letter

Date: _____

Due to the absence of a purchase order system within our agency or the inability of this purchase to be in compliance with the requirements of our purchase order system, we _____ _____, hereby agree to render full payment to Advanced Systems Technology, Inc. (AST) in the amount of $_____. This cost has been incurred through a request for products from AST and/or one of their subsidiaries. We acknowledge that the stated amount is a valid debt and agree to remit payment to AST within thirty (30) days of the date of the invoice issued by AST in response to this letter. The following billing information is the address to be used for mailing correspondence associated with this debt and the agency representative responsible for ensuring payment of this debt:

POC: _____

Agency Name: _____

Billing Address: _____

_____

City: _____ State: _____ Zip: _____

TAX EXEMPT NUMBER:_____

Shipping Address: _____

_____

City: _____ State: _____ Zip: _____

Approving Authority:

Print Name: _____

Title: _____

Authentication Form

## Organization Information

This will be how your organization information is maintained at Advanced Systems Technology, Inc. (AST). Include an organization name and full address.

Name: _____

Address: _____
_____

City: _____ State:_____ Zip: _____

Phone: _____

## Billing Information

This is the name and address to where all billing will be sent. Ensure a complete address and contact name is given.

Name: _____

Address: _____
_____

City: _____ State:_____ Zip: _____

Phone: _____ TAX EXEMPT #:_____

Contact Name: _____

## Authenticating Person

This is the individual within the organization that controls the disbursement of funds and can authorize the Authorization of Payment Letter.

Printed Name: _____

Title: _____