



Tail #:

Domestic DFC90 Agreement Form Expires 9/30/2010

Authorization Agreement

I hereby authorize Avidyne Corporation to charge my credit card for one of the options selected below:

Option #1: September Promotional Pricing for Current FlexCare Warranty Customers:

- Pay \$9,995 for DFC90 and Receive R8 PFD Upgrade for Free: \$9,995** for my payment for one (1) each of a DFC90 Digital Autopilot and one (1) each EXP5000 PFD R8.0 upgrade (The PFD R8.0 upgrade includes R8.0 software and Mod55 hardware upgrade). I will be receiving a savings of at least **\$3,895** when compared to the retail price. This offer expires on 9/30/2010.

Option #2: September Promotional Pricing for Non-FlexCare Warranty Customers:

- Pay \$9,995 for DFC90 and Receive R8 PFD Upgrade for Free: \$9,995** for my payment for one (1) each of a DFC90 Digital Autopilot and one (1) each EXP5000 R8.0 upgrade (The PFD R8.0 upgrade includes R8.0 software and Mod55 Hardware upgrade). I will be receiving a savings of at least **\$3,895** when compared to the retail price. This offer expires on 9/30/2010.

(Must select one of the three Warranty Options below)

- One Year FlexCare Warranty for \$1,850: \$1,850** for my payment for one (1) each of One Year FlexCare Warranty for Two-Display Systems. For more warranty information and FlexCare Terms and Conditions please visit <http://www.avidyne.com/support/flex.asp>.
- Two Year FlexCare Warranty for \$2,750: \$2,750** for my payment for one (1) each of Two Year FlexCare Warranty for Two-Display Systems. For more warranty information and FlexCare Terms and Conditions please visit <http://www.avidyne.com/support/flex.asp>.
- Three Year FlexCare Warranty for \$3,700: \$3,700** for my payment for one (1) each of Three Year FlexCare Warranty for Two-Display Systems. For more warranty information and FlexCare Terms and Conditions please visit <http://www.avidyne.com/support/flex.asp>.

To be eligible for either pricing above, I must purchase the EXP5000 R8.0 Upgrade and DFC90 by 9/30/2010 and have it shipped before 12/31/2010. I am responsible for all sales tax associated with these transactions, scheduling of the installation, dealer installation labor, and shipping for both the PFD and the DFC90 Autopilot Flight Computer.

*Please FAX the completed form to 781-402-7597
Thank you for your business.*



Tail #: _____

Terms and Conditions

Neither this Agreement nor any rights contemplated hereunder may be assigned, extended or otherwise transferred by either party, nor shall they inure to the benefit of any trustee in bankruptcy, receiver or other successor of either party, whether by operation of law or otherwise, without the written consent of Avidyne. Any assignment or transfer without such consent shall be null and void.

This Agreement shall be governed by the laws of the Commonwealth of Massachusetts, without giving effect to its conflict of laws rules, principles or provisions.

The DFC90 Autopilot and any other applicable parts of the DFC90 Package shall be sold in accordance with Avidyne standard terms and conditions of sale.

The installation of the DFC90 and EXP5000 R8 Upgrade must be completed through an Avidyne Authorized Domestic Dealer or Service Center. Please visit <http://www.avidyne.com/dealers/index.asp> for a listing of Avidyne's current authorized dealers and/or contact Avidyne Sales at 1-800-AVIDYNE. This pricing is only valid if I trade in my S-TEC55X. If I choose to keep my S-TEC55X I will pay an additional \$3,000 to Avidyne to keep it.

Customer Contact Information

Customer Name: _____

Company Name: _____

Aircraft Make: _____ **Aircraft Model:** _____

Aircraft Tail #: _____ **Aircraft S/N:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone: _____ **Email:** _____

Customer Billing Information

Credit Card Type: _____ **Credit Card Number:** _____

Credit Card Expiration: _____ **Credit Card PIN:** _____

Name on Card: _____ **Address:** _____

City: _____ **State:** _____

Zip: _____ **Phone:** _____

*Please FAX the completed form to 781-402-7597
Thank you for your business.*



Tail #: _____

Signature

The understandings set forth in this Agreement are approved by each party's authorized representative below:

ACCEPTED AND AGREED:

Customer Authorized Signature: _____ **Date:** _____

Customer Printed Name: _____ **Title:** _____

Avidyne Authorization Signature: _____ **Date:** _____

Avidyne Printed Name: _____ **Title:** _____

Internal Use only

PFD S/N: _____	RMA #: _____
CC Authorization #: _____	Confirmation Sent: _____
PFD Upgrade Date: _____	Distributor: _____

*Please FAX the completed form to 781-402-7597
Thank you for your business.*