

PLEASE COMPLETE HIGHLIGHTED AREAS

Company Name: _____

Card Holders Name: (as it appears on card)

Billing Address: _____

City: _____ State: _____ **Zip:** _____

Phone#: _____ **Fax#:** _____ **Email:** _____

Sales Order#: _____ **Amount:** \$ _____

Type of card:    

Card # _____ - _____ - _____ - _____ **vvc#** _____

Expiration Date: ____ / ____ / ____ **Authorization Code** _____

I agree to pay the full amount according to the card issuer agreement. (Merchant agreement if credit voucher). Customer will be liable for all collection costs, including attorney fees, whether or not a lawsuit is filed. Minimum cancellation fee is \$50.00 and cancellation will NOT be accepted on merchandise that has started production.

Signature of card holder: _____ **Date:** ____ / ____ / ____

Print Name: _____

For office use only

Card Processed ____ / ____ / ____ by _____