



CUST# \_\_\_\_\_

DOC# \_\_\_\_\_

CREDIT CARD: [ ] AMEX [ ] VISA [ ] MASTER CARD

CARD NUMBER:

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EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (        ) \_\_\_\_\_

FAX NUMBER: (        ) \_\_\_\_\_

I, THE UNDERSIGNED, AM A LEGAL USER OF THE ABOVE LISTED

CREDIT CARD WITH THE LAST FOUR DIGITS ENDING IN \_\_\_\_\_

AND I AUTHORIZE THE ONE-TIME ONLY CHARGE IN THE AMOUNT OF

\$ \_\_\_\_\_

TO BE CHARGED TO SAID CREDIT CARD FOR THE

THE PAYMENT OF THE ORDER PLACED ON DOCUMENT # \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF AUTHORIZED USER \_\_\_\_\_

PRINT NAME OF AUTHORIZED USER \_\_\_\_\_

**\* PLEASE COMPLETE FORM & FAX TO (209) 466-4571 \***