**Credit Card Order Form**

**Ship To:** (No PO Boxes)

Company Name:

Contact Person:

Address:      

City:      State:      Zip:      Country:

Phone:     Fax     Email:

**Bill To (For Credit Card):** If the same as “Ship To” check here:

Company Name:

Contact Person:

Address:

City:      State:      Zip:      Country:

Phone:     Fax     Email:

**Card Information:** MasterCard  Visa  Last Four Digits of Card#:

Expiration Date:

Name on Card:      Code:

PO Number:

**Shipping**

Carrier:       Collect to Account:       Priority Level:

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Description (include all dimensions, weights or kit sizes)** | **Unit $** | **Total $** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Note: Customer’s credit card information will be handled securely**

***Accounting: Destroy this page once order has been processed***

**Card Information:** MasterCard  Visa

Card #:       Expiration Date:

Name on Card:      Code:

Electronic or Hand Signature:

Purchase Order:

**For New Customers**:

Sales Tax Exemption Number (ST-12)