



10354 S.W. 187 Street Miami, FL 33157 (305)255-3405 Fax: (305)234-0332

Customer Credit Card Information

To expedite your order, This Application Must Be Completed Accurately, and All Questions Answered!

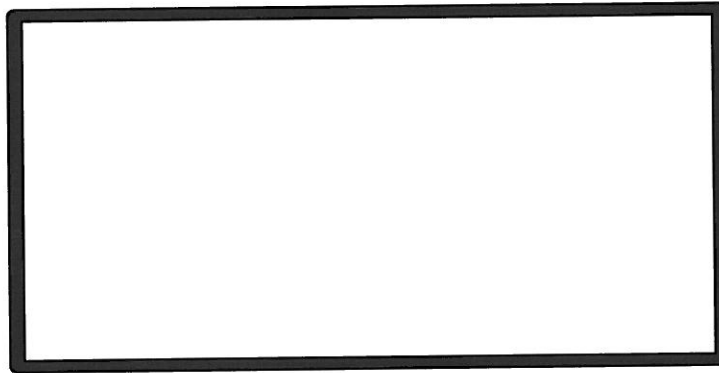
Date ___ / ___ / ___ ACCOUNT/CUSTOMER ID # _____

Company Name: _____ DBA (if applicable) _____
 Owners Name (s) _____
 Mailing Address: _____ Shipping Address: _____
City, State, Zip _____ City, State, Zip _____
 Telephone #1 (____) _____ Telephone #2 (____) _____

IMPRESSION OF CREDIT CARD:

DIRECTIONS:

1. PLACE CARD UNDER FORM, NUMBERS FACING UP. UNDERNEATH THE BLOCK BELOW.
2. HOLD CARD IN PLACE AND RUB PENCIL POINT ACROSS THE BLOCK. USE MODERATE PRESSURE.
3. RAISED PORTIONS OF THE CARD (NUMBER, NAME, ETC.) WILL APPEAR IN BLACK.
4. PLEASE ENSURE THAT ALL INFORMATION ON THE CARD IS COMPLETELY TRACED ONTO THE BLOCK.



CARD # _____ EXP. DATE _____

SIC CODE : _____

(3 Digit code located on the back of card on the signature line, for AMEX Cards, this will be a 4 Digit code located on the front of the card above the card number)

ISSUING BANK _____ TYPE OF CARD _____

STATEMENT ADDRESS (THIS IS WHERE YOU RECEIVE THE CREDIT CARD STATEMENT AT):

STREET ADDRESS CITY STATE ZIPCODE

THIS IS TO ADVISE YOU THAT YOU ARE AUTHORIZED TO ACCEPT TELEPHONE, FAX & MAIL ORDERS FROM OUR BUSINESS, CHARGE THE COST OF SUCH ORDERS TO MY CREDITCARD ACCOUNT AND SHIP THE MERCHANDISE TO ANY OF THE ADDRESSES SHOWN ABOVE. BY SIGNING THIS DOCUMENT, I/WE AM/ARE ACCEPTING ALL RESPONSIBILITIES FOR THESE TRANSACTIONS TO ENSURE FULL PAYMENT TO THE MERCHANT. WE WILL INFORM YOU IMMEDIATELY IF USE OF THIS CARD IS NO LONGER VALID.

CARDHOLDER PRINT NAME: _____

CARD HOLDER INFORMATION: DRIVERS LICENSE # _____

CARD HOLDERS CONTACT TELEPHONE #'S _____

CARDHOLDER SIGNATURE: _____

CIRCLE ONE: ONE TIME USE KEEP ON FILE FOR FUTURE ORDERS

ORIGINAL COPY MUST BE MAILED TO THE ADDRESS ABOVE IN ORDER TO BE KEPT ON FILE WITH OUR COMPANY.