



Please fill in the information below and fax this form to:

**FAX: 651-638-2221**

**Name on the card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**CVV/CID #:** \_\_\_\_\_

Visa, MasterCard, Discover



3 Digit Verification #

**Credit Card Bill to address:** \_\_\_\_\_  
\_\_\_\_\_

**Ship to address:** \_\_\_\_\_  
\_\_\_\_\_

**Amount to charge:** \_\_\_\_\_

**Order, Quote or Item #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Sales Rep:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Contact E-mail address:** \_\_\_\_\_

We are happy to take your information via Phone or E-mail as well.