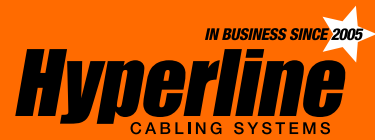


Credit Card Acceptance Form



All items marked with () must be completed.

Date: _____

BUYER INFORMATION

Company name*: _____

Company address*: _____

Shipping address (If different from Company address): _____

Contact name*: _____

Contact title*: _____

Email*: _____ Website: _____

Telephone*: _____ Fax: _____

ORDER INFORMATION

Order Date*: _____ Order reference*: _____
(Purchase Order #, Sales Order #)

Amount (\$)*: _____ Currency*: USD CAD

CREDIT CARD INFORMATION?

Card holders name*: _____

Card type*: _____ Card number*: _____

CVV2/CVC2*: _____ Expiration date*: _____
(MM/YYYY)

Billing address (If different from above)*: _____

Card holders signature*: _____

- All information provided will be kept strictly confidential.

It is not secure to email this form once completed. Please fax this form to our office at 347-750-0873 for processing.