

# 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.