



Questions? Call 281-578-9177 FAX 281-578-9539

**CUSTOMER INFORMATION
FOR CREDIT CARD PAYMENT**

Note: If you are using a personal card it is only necessary to complete the bottom part of this form

Legally Registered Name		Trade or DBA Name	
-- Billing address City, State, Zip Code		Business Phone#	Fax #
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LC <input type="checkbox"/> Other _____		Nature of Business	Federal Tax ID #
		PO Required?	Person(s) Authorized to Buy? (Optional)
Years in Business ____ yr(s) ____ mths	Time as Owner ____ yr(s) ____ mths	State of Incorporation	Gross Annual Sales (Optional)
			DUNS #

Please fill out the following information completely

Credit Card Information	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Name on Card	
	<input type="checkbox"/> AM Express <input type="checkbox"/> DiscoverCard		
Card #	Exp Date	Address for Billing on Card include Zip	Security code #

Internal Use Only

Sales person # _____
Entered by _____

Signature X _____ Date _____

PLEASE FAX BACK TO 281-578-9539