



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.