

CREDIT CARD ORDERS

Please complete the information below and fax to 631-777-2560.

NOTE: WE WILL ONLY SHIP TO THE CREDIT CARD BILL TO ADDRESS -

IF THERE IS ANY DIFFERENCE IN THE ADDRESS, PLEASE CALL

DATE /	_/		
Company Name:			
Company Address:			
State:			
Telephone:		Fax:	
Credit Card Type:	Visa	MasterCard	American Express
Credit Card#	#: _		
3 or 4 digit Security co	ode CDC #:	_ Expiration Da	te: /
Amount of Order: \$ _	.	Shipping char	ges will be added to the total amount.
Name on Credit Card			
Billing Address:			
City:			
Zip:			
Card Holders authoriz	zation: sign here	·	

NOTE: Credit Card will be billed when your order is shipped.