

Cardholder Name:				
Billing Address:				
Credit Card Type:	Vica	MactorCard	Discover	Amov
Credit Card Type:	VISa	iviastercard	Discover	Amex
Credit Card Number:				
Expiration Date:				
Card Identification Number: (3 digits lo	ocated on back o	of card)		
I,as stated on the sales order/inv that I will pay for this purchase	oice at the time	of purchase to the a	bove stated credit ca	rd. I agree
Please check one of the followi	•	he invoiced amount	ot the above stated c	redit card.
I do not require to be co card. You will be charged auton				
Please note we do not invoice used request of the customer. A sale Also, this credit card will be kep private information.	s order may be p	presented in lieu of a	in invoice at the time	of payment.
Cardholder - Print Name, Sign a	and Date Below:			
Printed Name:				
Signature:				
Date:				
Please email this form to ap@r	usticwoodfloors	upply.com		