



## CREDIT CARD Customer Information

|  |   |                 |
|--|---|-----------------|
| Business Name:                                   | Date:   |                 |
| Address Information:                             |   |                 |
| (Street)   | (State) (Zip)                                     |                 |
| Business Phone:                                  | Fax:  | Federal Tax ID: |
| Tax Exempt? Yes ___ No ___                       | Is Exemption Certificate attached? Yes ___ No ___ |                 |
| <b>Main Contact:</b>                             | Direct Line:                                      |                 |
| Email Address:                                   |   |                 |
| <b>Accounts Payable Contact:</b>                 | Direct Line:                                      |                 |
| Email Address:                                   |   |                 |
| <b>Company Insurance Info Contact:</b>           | Direct Line:                                      |                 |
| Email Address:                                   |   |                 |
| <b><u>Credit Card Information</u></b>            |   |                 |
| Credit Card No. _____                            |   |                 |
| Expiration Date: _____                           | Billing Zip Code: _____                           |                 |
| Email Address/Fax # to send receipt:             |   |                 |
| _____  |   |                 |
| <b><u>All information must be completed!</u></b> |   |                 |
| _____  |   |                 |