

CUSTOMER SET UP COD/CREDIT CARD

DATE: _____

NAME: _____

ACCOUNT #: _____

BILL TO ADDRESS: _____

SHIP TO ADDRESS: _____

TAXABLE: _____ **TAX EXEMPT:** (Resale Certificate must be attached)

PHONE: _____ **FAX:** _____

ACCOUNTS PAYABLE CONTACT: _____

SALESREP NAME: _____ **#:** _____

REQUESTED BY: _____

CREDIT CARD INFORMATION		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXP
Card #, Security Code and Expiration Date:		
Credit Card Billing Address:		