|  |  |  |
| --- | --- | --- |
| CREDIT CARD PAYMENTS  Please fill information in & fax back to (815) 725-8296  *\*PLEASE FILL OUT COMPLETELY \** | | |
| COMPANY |  | |
| WHOS CALLING |  | |
| NAME ON CARD |  | |
| TYPE OF CARD |  | |
| CARD# |  | |
| EXP DATE |  | |
| CODE ON BACK |  | |
| STATEMENT MAILING ADDRESS **W/ZIP CODE** |  | |
| EMAIL ADDRESS OR FAX # CONFIRMATION SENT TO | |  |
| WHAT INVOICES OR AMOUNT OF PAYMENT | |  |
|  | | |
| I AUTHORIZE **KNAUER INDUSTRIES** TO CHARGE MY CREDIT CARD MONTHLY ON OR AROUND THE 15TH OF EACH MONTH | | |
| SIGNATURE: |  | |