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| --- |
| CREDIT CARD PAYMENTSPlease 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: |  |