

20/20 COMPONENTS



CREDIT CARD FORM

5851 Jeffrey Lane, Ft. Myers, Fl, 33907 Phone: (239) 313-5458 Fax: (239) 313-5464

Please fill out as complete as possible then sign, date, and fax it to us at (239) 313-5464.
(This information is for internal use only and will not be disclosed to anyone for any other purposes than billing.)

PO# _____ (If you don't have a PO# just use your name)

Quote# _____ Sales Rep: _____ Date: _____

Credit Card Information: Card Type: VISA MASTERCARD AMEX DISCOVER

Credit Card# _____

Expiration Date: _____ CVV Code: _____

*** CVV Code is the 3 digit code on the back of your card. American Express is the 4 digit code on the front of your card.

Signature: _____ Date: _____

*** Must be signed by card holder or authorized agent to process order.

Card Holder Billing Information:

Card Holders Name: _____

Card Holders Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Shipping To Information:

Company Name: _____

Ship To Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Shipping Account# _____ FedEx UPS DHL Other

Shipping Method: (Please check one) NextDay AM NextDay PM 2Day 3Day Ground