



DATE: _____

TO: _____

FROM: _____

If you wish to purchase Eric McCrite Company merchandise using your Visa/MasterCard, Discover or American Express, please complete the form below, sign and fax to Credit Dept at 877-858-0214

I, _____ do hereby authorize Eric McCrite Company to charge the credit card Visa/MasterCard/Discover/American Express account noted below for purchase of product and/or services that will be made by phone or written purchase order.

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMERICAN EXPRESS VISA MASTERCARD DISCOVER

CREDIT CARD #: _____ EXPIRATION DATE: _____

VISA/MASTERCARD/DISCOVER V CODE: _____ AMERICAN EXPRESS CID CODE: _____

(The last 3 digit number printed on back of the card)

(The small 4 digit number to the right on the front of card)

Mastercard, Visa, Discover:



American Express:



NAME ON CARD: _____ AUTHORIZED PURCHASER: _____

DAYTIME PHONE: _____ AUTHORIZED PURCHASER: _____

FAX NUMBER: _____

I, (WE) CERTIFY THAT THE FACTS CONTAINED HEREIN ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I (WE) AGREE TO ALL TERMS AND CONDITIONS AS PUBLISHED BY ERIC MCCRITE COMPANY AND AGREE TO PAY ALL INVOICES WITHIN TERMS TO PREVENT TERMINATION OF CREDIT CARD ACCEPTANCE BY ERIC MCCRITE COMPANY.

AUTHORIZED SIGNATURE _____ DATE _____