



## Credit Card Payment Form

Please fax the completed form to **(877) 420-7091**. Payments will be processed within one business day. Payments received before noon (Eastern time) will be processed the same business day.

### Shipping Information:

Company Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Attention: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Quote number if applicable: \_\_\_\_\_

Email: \_\_\_\_\_

### Billing Information: (must match credit card billing address)

Card Type:           **Visa**                   **MasterCard**                   **Discover**

Cardholder Name: \_\_\_\_\_

Card Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

I hereby authorize **ORIFLOW LLC** to process a charge on the following credit card for

\$ \_\_\_\_\_ . \_\_\_\_\_ USD

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Thank you for your business.*