



Credit Card Payment Form

Please fax the completed form to **(877) 420-7091** or email to **sales@oriflow.com**. 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** **American Express**

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.