



Date _____

PAYMENT FORM

CREDIT CARD INFORMATION

Visa

MasterCard

Discover

Name On Card _____

Card # _____

Expiration Date _____

CTC # _____

Signature X _____

BILLING ADDRESS (if different from home address)

Name _____
FIRST LAST MIDDLE INITIAL

Address _____
STREET

CITY STATE ZIP

Daytime Phone _____ Evening Phone _____



Thank you for your order!

Please print out this form, fill out your information, and fax it to 636-933-4173 along with your order form.