

SIGN AND FAX BACK TO CREATE-A-CARD, INC.

631.584.3214

- Signature on credit card slip must be that of the card holder
- Please fill out the following information so we may process your order without delay

Name Of Company: _____

Name On Credit Card: _____

Billing Address For Credit Card: _____

**WITHOUT THIS COMPLETE INFORMATION
YOUR ORDER WILL BE PLACED ON HOLD.
NO EXCEPTIONS! SORRY**

CREDIT CARD SALES SLIP

Card Number: _____

Expiration Date: _____

Name On Card: _____

Type Of Card: Master Card Visa
 Am. Exp. Discover

This issuer of the card identification on this item is authorized to pay the amount shown as TOTAL. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

DATE		AUTH. #
QTY.	DESCRIPTION	AMOUNT
	DEPOSIT*	
PURCHASED FROM: Create-A-Card, Inc. 16 Brasswood Rd. St. James, NY 11780 631.584.2273		SHIPPING
		SUB TOTAL
		TAX
		TOTAL

SIGN HERE X _____

* This deposit will be credited once order is completed.