



LITHO EXPRESS®
PREPAID CREDIT CARD TRANSACTION
VISA, MASTERCARD, AMERICAN EXPRESS

Date: _____

Name of Firm: _____ (include legal name, dba, etc.)

Sales Contact _____ Billing Contact _____

Address _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Tax Exempt Number: _____ (for Minnesota customers only)
For Minnesota customers that will resell the product, include a signed Resale Exemption Certificate (ST-3) with this form.

CREDIT CARD TRANSACTION

Account Name: _____ (Exactly as it appears on the card)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ (MM/YYYY) Signature Code: _____ (3 or 4 digits on back)

Billing Address: _____ City: _____ State: _____ Zip: _____

Total Amount (Including Tax) \$ _____

Authorized Signature: _____ Date: _____

Payment arrangements must be made before any work can be started.

FOR OFFICE USE ONLY:

Customer Number: _____ Authorization Number: _____

Account Number: _____ Total Amount: _____