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Leave Card # on File for All Future Orders: ☐ YES ☐ NO (Select One)

Card & Account Number: _____

Expiry Date: _____ Card CVV#: _____

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Signature: _____

Invoice Email: _____

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****YOUR ORDER WILL NOT BE PROCESSED FOR PAYMENT UNTIL YOU RETURN THIS FORM
COMPLETED AND SIGNED.**

PLEASE NOTE: WE REQUIRE VISA/M.C. ON ALL FIRST ORDERS