

CARNES[®]

Credit Card Sale

Please email completed form, along with a copy of your quote/billing worksheet,
to mkoch@carnes.com or fax to 608-845-6418.

Customer Account No. _____ Company Name/Address (Invoice to) _____ _____ _____ _____ Contact Name _____ Customer Phone No. _____ Customer Fax No. _____ Description of Goods _____ _____ Ship to Name/Address _____ _____ _____	Card Member's Name _____ Card Member's Phone No. _____ Card Member's Statement Address, <i>if different than invoice to</i> _____ _____ Credit Card Number _____ Check One: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Security Code: _____ Expiration Date: _____ / _____ Billing Amount: \$ _____ - _____ Freight, <i>if any</i> \$ _____ - _____ <i>No tax on freight in IA or FL</i> Tax: (ship to) _____ % \$ _____ - _____ TOTAL \$ _____ - _____ Email Address to Send Invoices and CC Receipt _____
--	---

For Carnes Credit Personnel Only	
Carnes Order No. _____	
Date: _____	By: _____
CC Verified Online By _____	Date: _____
OE53: CCS _____	Fr. Terms _____
OE76: Est. Ship Date _____	
OE76: Billing ok? _____ By: _____	

**COPY OF PURCHASE
ORDER ATTACHED, also
copy of tax exempt certification, if exempt.**

Customer P.O. No. _____

Rep P. O. No. _____

Sales Person _____