



Credit Card Sale

(Please include this form with order transmittal
or fax (608-845-6418) separately if transmitting via Rep System)

Customer Account No. _____	Card Member's Name _____
Company Name/Address (Invoice to) _____	Card Member's Phone No. _____
_____	Card Member's Statement Address, <i>if different than invoice to</i>
_____	_____
_____	Credit Card Number _____
Contact Name _____	Check One: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Customer Phone No. _____	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
Customer Fax No. _____	Security Code: _____
Description of Goods _____	Expiration Date: _____ / _____
_____	Billing Amount: \$ _____ - _____
Ship to Name/Address	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. _____

Transaction Date: _____

Transaction Amount \$ _____ - _____

Authorization No: _____

Record No: _____

Submitted By: _____

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

Tax Exempt No. _____

Rep P. O. No. _____

Sales Person _____