

ATTN:
 ACCT #:
 ORDER **IS HELD.**
 PENDING RETURN OF THIS FORM TO US:
 MAIL: PO BOX 2189
 PETERSBURG, VA 23804
 OR FAX: 804-862-3759



Your partner for success!

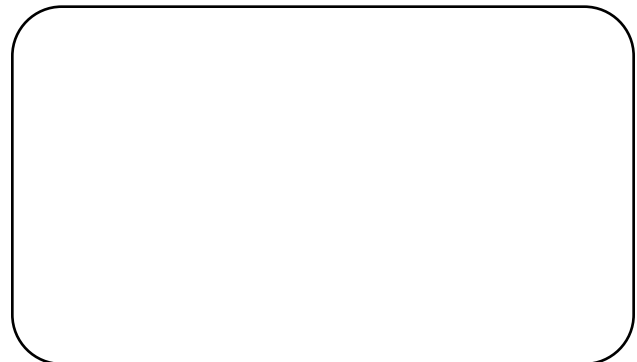
CREDIT CARD INFORMATION

CARDHOLDER NAME:	BUSINESS NAME:
.....
ADDRESS:	ADDRESS:
.....
.....
CITY/STATE/ZIP CODE:	CITY/STATE/ZIP CODE:
.....
HOME TELEPHONE:	BUSINESS TELEPHONE:
.....

IMPRESSION OF CARD

DIRECTIONS:

1. PLACE CARD UNDER FORM, NUMBERS FACING UP, UNDERNEATH THE BLOCK AT RIGHT.
2. HOLD CARD IN PLACE AND RUB PENCIL POINT ACROSS THE BLOCK. USE MODERATE PRESSURE.
3. RAISED PORTIONS OF CARD (NUMBER, NAME, ETC.) WILL APPEAR IN THE BLOCK.
4. PLEASE ENSURE THAT ALL INFORMATION ON CARD IS COMPLETELY TRACED ONTO BLOCK.



CARD # EXP. DATE

ISSUING BANK: BANK TELEPHONE

THIS IS TO INFORM YOU THAT YOU ARE AUTHORIZED TO ACCEPT TELEPHONE ORDERS FROM OUR BUSINESS, CHARGE THE COST OF SUCH ORDERS TO OUR CREDIT CARD ACCOUNT AND SHIP THE MERCHANDISE TO EITHER OF THE ADDRESSES SHOWN ABOVE. BY SIGNING THIS DOCUMENT, I/WE ARE ACCEPTING RESPONSIBILITY FOR THESE TRANSACTIONS TO ENSURE FULL PAYMENT TO THE MERCHANT. WE WILL INFORM YOU IMMEDIATELY IF USE OF THIS CARD IS NO LONGER VALID.

ADDITIONAL INFORMATION #

CARDHOLDER SIGNATURE DATE