



BUSINESS CONTACT INFORMATION FOR CARD

Name Company

Address

City State Zip Code

Phone Fax Email

CREDIT CARD INFORMATION

Card Type: VISA MASTER CARD AMERICAN EXPRESS OTHER: (specify)

Card Number Exp Security Code

Name on card

Statement Address

City State Zip Code

Phone Fax Email

AGREEMENT FOR CARD USE - SELECT APPROPRIATE CHOICE

- I authorize the credit card to be charged in advance for prepay of order or immediately upon default of future Invoice Payment.
- If requested by Cooperstepp.com: I authorize a 50% deposit to be charged to this credit card for order #
- I approve this credit card to be used to pay past due invoices for the order mentioned above if company check is not received by due date. Past due invoices are those invoices that are not paid within 7 days of the invoice date.
- National accounts will require back up charge card, until payment history is established.
- I understand I may request an invoice prior to shipment to assist with expediting my payment.
- If an early invoice is requested, payment will not be due until 10 days after the shipment date.
- Please pay invoice #(s):

SIGNATURES - SIGNATURES ARE AUTHORIZATION TO PURCHASE FROM COOPERSTEPP & ASSOCIATES, INC.

Signature	<input type="text"/>	Signature	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>