Glasslam™

WHAT'S NEXT

Credit Card Form

Please complete the required information and fax back to 954-975-3225

Company Name _____

Address _____

City, State (Prov) Zip _____

Telephone _____

Fax _____

email _____

Corporation ☐ Partnership ☐ Proprietorship ☐ Non-Profit ☐

Federal Tax ID # _____ Tax Exempt ☐

Quantity	Product	Price	Total

Visa ☐ Master Card ☐ American Express ☐

Card Number

Security Code

Name on Card

_____

Corporate Card Yes ☐ No ☐ Expiration Date _____

Billing Address

_____

City, State (Prov), Zip

_____

Signature _____ Date _____

1601 Blount Rd. Pompano Beach, FL 33069 (954) 975-3233 FAX (954) 975-3225