



Payment Form

Customer Information (fill in areas with * if new customer only):

| | | | |
|-------------------------------------|--|-------------------|--|
| Name: | | | |
| Email Address: | | | |
| *Address: | | | |
| *City: | | *Zip Code: | |
| *Best phone number to reach you at: | | *Alternate phone: | |

| | |
|--|--|
| *Where did you hear about us? | |
| Enter any promotional discounts if applicable: | |
| Item, product or event purchasing: | |
| Other Notes: | |

Payment Information:

| | | | |
|--------------|---|--|--|
| Card type: | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check/Cash | | |
| Card number: | | | |
| Exp. Date: | | 3 digit security code on back of card: | |
| Signature: | | | |