

CREDIT CARD ORDER FORM

Please fill in the following information for credit card payment of your order:

Date: _____

Customer Name: _____ Phone: _____

Attention: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master Card / Visa Card / American Express Card / Discover Card

Card Number: _____

Name Shown on Card: _____

Billing Address for Card: _____

Expiration Date: _____

Amount of Sale: _____

Re-Sellers Tax I.D. #: _____

Please sign below and return this form via fax in order to assure timely processing of your order.

No order will be released for shipment until signed form is returned.

Fax to 605-886-5514, attention: DAVE HAUGE

Thank you for your order.

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
DATE		AUTHORIZATION	SUB TOTAL	
REFERENCE NO.		REG/DEPT.		
FOLIO/CHECK NO.		SERVER	TAX	
		CLERK	TIPS/MISC.	
SALES SLIP			TOTAL	

PURCHASER SIGN HERE

X _____
 Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.