



# Credit Card Sale

(Please include this form with order transmittal  
or fax (608-845-6418) separately if transmitting via Rep System)

Customer Account No. _____	<b>Card Member's Name</b> _____
<b>Company Name/Address (Invoice to)</b> _____	Card Member's Phone No. _____
_____	Card Member's Statement Address, <i>if different than invoice to</i>
_____	_____
_____	Credit Card Number _____
Contact Name _____	Check One: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Customer Phone No. _____	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
Customer Fax No. _____	Security Code: _____
Description of Goods _____	Expiration Date: _____ / _____
_____	Billing Amount: \$ _____ - _____
<b>Ship to Name/Address</b>	Freight, <i>if any</i> \$ _____ - _____
_____	<i>No tax on freight in IA or FL</i>
_____	Tax: (ship to) _____ % \$ _____ - _____
_____	<b>TOTAL</b> \$ _____ - _____
	Email Address to Send Invoices and CC Receipt
	_____

**For Carnes Credit Personnel Only**

Carnes Order No. \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Transaction Amount \$ \_\_\_\_\_ - \_\_\_\_\_

Authorization No: \_\_\_\_\_

Record No: \_\_\_\_\_

Submitted By: \_\_\_\_\_

**COPY OF PURCHASE  
ORDER ATTACHED, also  
copy of tax exempt certification, if exempt.**

Tax Exempt No. \_\_\_\_\_

Rep P. O. No. \_\_\_\_\_

Sales Person \_\_\_\_\_