Fast Fax Order Form/Credit Card Authorization

COMPANY INFORMATION (First order can be sent COD Certified Funds or Credit Card. For more terms, please complete credit application form.)					PAYMENT TERMS REQUESTED COD Certified Funds		
Company Name/							
Account No.:					COD Company Check*		
Customer P.O. No	_ State Tax Resale No.:		☐ Net Account*				
SHIP TO:			🗖 Busines	s 🗖 Residence		rd (Fill out cred	lit
City: State:			Zip:			card information below) Debit Card** (Fill out debit	
Phone No.: () Fax No.: ())			nation below)	יטונ
Billing Address:					*New accounts n Credit Application		
City:		State:	Zip:		**Debit cards are		nded
Phone No.: ()		Fax No.: ()	E	mail:		
ORDER FORM							
SHIP VIA:			FREIGHT FOB:	_			
QTY	MODEL NO.	DESCRIPTION		PRICE	PER	AMOUN	Г
1							
2							
3							
5							
6							
ORDERED BY:					TOTAL		
COMMENTS/SPECIAL IN	ISTRUCTIONS:						
CREDIT CARD INFORM Please complete this sec		lit/debit card:		VISA Card is a	a: Credit Ca	rd Debi	it Card* ecommended)
Credit Card Number				Expires			
Please print name EXAC	TLY as it appears on	card					
Authorized users							
Billing Address of Card H	Holder						
City			State	Zip			
I do hereby authorize Petr will be made by the above responsibility for payment I agree that Petra Industr Sales & Return Authorizat	listed authorized user t. *I understand that Fries does not assume	s. Any changes such as a Petra Industries, Inc. does any liability regarding an	dding or deleting users was not recommend the use In the use of th	vill be made in writ. <mark>e of debit cards du</mark> with bank debit ca	ing to Petra Indus I e to potential ba I <mark>rds.</mark> I do also agr	stries, Inc. I ass I nk processing ree to abide by	sume issues.
Authorized Signer _			Date				
Printed Name of Sig	gner Above						

Fax 866-604-7288 www.petra.com Phone 866-719-6292