



THE TOTAL PACKAGE

Credit Card Payment Form

801 Exchange Street, Buffalo, NY 14210

Phone: 716-961-1776 Fax: 716-961-1753

Date _____

Salesperson _____

Company Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Name on Credit Card _____

Credit Card Billing Address, if different than above: Same

Address _____

City _____

State _____

Zip _____

MasterCard Visa American Express

General Description of Product Ordered _____

Total Expected Order Amount, Excluding Overs, Freight and Taxes \$ _____

Amount to Charge - Must not exceed \$7000 \$ _____

Credit Card Number _____ Expiration Date _____

Three or Four Digit Verification Code, on back of card next to credit card number _____

Are you exempt from sales tax? Yes No If yes, please attach certificate

| | |
|--|--|
| <p>CUSTOMER'S AGREEMENT (Please keep a copy for your records)</p> <p>1. By providing the information above, I authorize Colad to place an initial charge on my credit card in the amount listed above.</p> <p>2. Future credit card charges, as it relates to this specific order, may be placed on the above credit card upon verbal or written instructions from the cardholder to authorize such future charges.</p> <p>3. *****A 3% SURCHARGE WILL BE APPLIED TO ALL CREDIT CARD TRANSACTIONS*****</p> <p>Signature _____ Print Name _____ Date _____</p> | <p>I acknowledge and understand the following:</p> |
|--|--|