



3885 Crestwood Pkwy, Suite 500
 Duluth, GA 30096
 TEL: (678) 323 - 4928
 FAX: (714) 876 - 1577

Credit Card Processing Form

Customer Number _____

Date: _____

Circle Brand: ColdZone - Kramer - Russell - Witt

Sales Order	Invoice Number	Purchase Order	Dollar Amounts
Service Fee			
Shipping/Handling			
Tax			
Total Charge Amount			

*PLEASE FORWARD RESALE CERTIFICATE WITH PAYMENT IF ANY

Card Type: Visa Mastercard American Express

Card Number _____

Expiration Date _____

Security Number _____

Card Holder Name _____

Card Holder Billing Address _____

Card Holder City/State/Zipcode _____

If different than billing address:

Ship to Customer Name _____

Ship to Customer Address _____

Ship to Customer Zipcode _____

Authorizing Signature _____

Signature

Name & Title _____

Print

Fax _____

Tel _____

Email (For Copy of Receipt) _____