



CREDIT CARD PROCESSING FORM

(click on DATE field above the underline to activate and fill out form)

NOTE: MasterCard and Visa ONLY for payment - No phone calls without this form submitted are accepted

DATE: _____ CUSTOMER PO #: _____ JOB #: _____

NAME AS IT APPEARS ON CARD: _____

MASTERCARD VISA CARD NUMBER: _____

EXPIRATION DATE: _____ 3 DIGIT SECURITY CODE: _____

BILLING ADDRESS FOR CREDIT CARD STATEMENTS:

PART #: _____ COST: _____ FREIGHT: _____

PART #: _____ COST: _____ FREIGHT: _____

PART #: _____ COST: _____ FREIGHT: _____

PART #: _____ COST: _____ FREIGHT: _____

Sales tax is applicable for FL, MD, and MI unless accompanied by Sales Tax ID Number and/or resale certificate

PLEASE SAVE AND EMAIL COMPLETED FORM TO sales@dxair.com or fax to (320) 297-9098