



Virtual Web Trade Show

4 Parkway Drive North
Yorktown Heights, NY 10598
914-245-5115
FAX 914-245-2328
ASi 44360
PPAI 146850

CREDIT CARD ORDER FORM AND AGREEMENT

Credit Card Billing Information (same as on your credit card statement)

First Name: Lisa Last Name: Bascom
Street Address: 171 Wampanoag Lake Road
City: Brooklyn State: MA Zip Code: 49230

Order Information

Company Name: Ameri Foam
Purchase Order #: 2064 Order Date: 8/1/11
Contact Person: Lisa Bascom Phone #: _____

Credit Card Information

Card Type: Visa Master Card Discover AMEX
Card # 4246-3151-7358-9423 Expiration Date: 05/13
CID# 023 (Three digits located on the back of the credit card)
Cardholder's Signature: _____

NOTE: THIS ORDER WILL NOT BE PROCESSED UNTIL AN AUTHORIZED SIGNATURE IS FAXED BACK TO (914) 245-2328