Manual Order Credit Card Form

GASKET TAPE • WEATHERSTRIPPING • MOUNTING TAPE
BUMPERS • FLASHING TAPE • GLAZING TAPE

Please complete the required information and email or fax back to 856-599-6010

FOR OFFICE USE ONLY

Customer # _____

Order # _____

Billing Information - *Please make sure this matches the information on your credit card statement. Incorrect information may delay your order.*

Company Name _____

Billing Contact _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Item #	Description	QTY	Base Price	Total
		OFFICE USE ONLY	Shipping Amt.	
			ORDER TOTAL:	

Credit Card # _____

Name on Card _____

Expiration Date (MMYY) _____ CCV (3-4 digit code) _____

Signature _____ Date _____

SHIPPING Information ☐ **same as billing**
(if different than billing address)

Company Name _____

Contact Person _____

Address _____

City/State/Zip _____

Phone _____

Email _____

SHIPPING METHOD *(expedited orders are still subject to 1-3 business days processing time)*

☐ Standard Ground

☐ 3-Day

☐ 2-Day

☐ Next Day

☐ Next Day A.M.

☐ Ship via UPS Account # _____