



# Bolide Technology Group

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## CREDIT CARD SALES ACCEPTANCE FORM

TO:	FROM:
COMPANY:	DATE:
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	OUR REFERENCE:
RE:	SALES REP:

URGENT   
 FOR REVIEW   
 PLEASE COMMENT   
 2<sup>ND</sup> NOTICE PLEASE REPLY!!

NOTES/COMMENTS:

We are delighted to have received your purchase order as per attached. Please complete the following and fax back to us as soon as possible so we can set up your account for credit card purchases. Please be assured that our company will securely protect your credit card information and that it is not our company's policy to make our customer list available to other vendors. Your account will stay secured and will only be charged when we ship your order.

Customer Resale Number (if in CA): \_\_\_\_\_ P.O. Number: \_\_\_\_\_

Total Quantity: \_\_\_\_\_ PCs. Total Amount: \$ \_\_\_\_\_

Ship Via: \_\_\_\_\_ Shipping Wt. \_\_\_\_\_ Shipping Charges: \$ \_\_\_\_\_

Grand Total Charged To Credit Card: \$ \_\_\_\_\_

Please check appropriate box:

Visa   
 MasterCard   
 American Express   
 Discover

ACCOUNT NAME: \_\_\_\_\_ CIV#: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CREDIT CARD ACCOUNT ADDRESS (if different from business address):

\_\_\_\_\_