

Fill out & fax to FAO to authorize absentee payment and check out product.

CREDIT CARD ON FILE: Date: _____

FAO ID Number: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Cell Number: _____

E-Mail Address: _____

Credit Card Type: _____

VISA: _____ MC: _____ AMEX: _____ DIS: _____ (check one)

Card Number: _____

Expiration Date: _____

Customer Name as on Card: _____

Signature on File: _____