

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: \_\_\_\_\_