



2010 E. Blaine
Springfield, MO 65803
Phone: 417-799-0297
Fax: 417-799-0298

Customer Information:

Billing Address of Cardholder

First, Middle Initial, Last Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip/Postal Code: _____

Daytime Phone: _____

Email: _____

1 and 2 day delivery requires a physical address for shipping.

Shipping Address Same as billing

First & Last Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip/Postal Code: _____

Card Information:

Type: _____

Card Number: _____

Exp Date: _____

Security Code: _____

Total: \$ _____

Signature _____

I agree to pay the total amount shown above in compliance with the cardholder agreement