



Quality & Service, Bonded Together

**FOR OFFICE USE ONLY:**

Taken By: \_\_\_\_\_

Customer #: \_\_\_\_\_

Order #: \_\_\_\_\_

### Credit Card Form

Please complete the required information and email ([Orders@lamatek.com](mailto:Orders@lamatek.com)) or fax back to 856-599-6010

#### Billing Information

Company Name \_\_\_\_\_

Billing Contact \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Customer PO# \_\_\_\_\_

#### Invoice Method

E-mail \_\_\_\_\_

Backup \_\_\_\_\_

Fax \_\_\_\_\_

Mail \_\_\_\_\_

Item #	Description	QTY	Unit Price	Total
<b>OFFICE USE ONLY</b>			<b>Shipping</b>	
<b>ORDER TOTAL:</b>				

Credit Card #

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Name on Card \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ CSU Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SHIPPING Information

*(If different than billing address)*

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

same as billing

#### SHIPPING METHOD

Standard Ground

3-Day

2-Day

Next Day

Next Day A.M.

Ship via UPS Acct. # \_\_\_\_\_

Ship via Fed Ex Acct. # \_\_\_\_\_