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Print this page and use it to fax (or mail) credit card details to us.

(DO NOT EMAIL credit card information)

(check one)	VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>	Expiration date: _ _ / _ _
Card Number		
Name (as it appears on card)		Security Code (on back of card) _ _ _
Phone - daytime	()	
Email Address		
Billing Address (billing address must match credit card or order cannot be processed)		
First Name		
Last Name		
Company Name		
Address		
City and State		Zip Code:
If outside U.S., country & postal code		Postal Code:

Shipping Address		
First Name		
Last Name		
Company Name		
Address		
City and State		Zip Code:
If outside U.S., country & postal code		Postal Code:
Signature of Cardholder:		