WILLOW ELECTRICAL SUPP ~ LIGHTING DEPARTM 3828 DES PLAINES RIVER RI SCHILLER PARK, IL 60176 PH 847-801-5010 ext. 300 FAX 847-801-5021	ENT ~	NC.				
VISA MasterCal		RK	EXPRES] S		
Authorization for Credit Card						_
I						
to charge my Credit Card Account #						
*V-Code (the last three numbers		back	of	your	credit	c card
signature box)	_					
Expiration date	_					
Credit card type						
Credit card holder's address						
City						
Phone Number						
Company Name						
My position is						
Order number / Account name						
Today's date				_		
The amount \$,
(lars)
· · · · · · · · · · · · · · · · · · ·						

I fully understand that this document is legal and binding, and that I am fully responsible for paying all money due to Willow Electrical Supply via my credit card (number listed above). I am aware that I will not be able to dispute this credit card charge for whatever reason. I also understand this form will be sent via fax to verify all information. I am ware of all of the above and my signature acts as your authority to process this charge via my credit card.

Х