



## Credit Card Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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### Credit Card Type:

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Credit Card Billing: \_\_\_\_\_

Comments: \_\_\_\_\_

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TEXAS  
P: 254-587-2533  
F: 254-587-2277  
[info@airtools.com](mailto:info@airtools.com)

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F: 775-841-1106  
[tptwest2000@gmail.com](mailto:tptwest2000@gmail.com)

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