



**THE FLESH
COMPANY**
Innovation at Work!

**Credit Card
Authorization for Payment**

Please type or print

Company Name	Acct	Date
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Card Holder Information:

Name on Card			Phone
Address			Fax
City	State	Zip Code	Email

Please check or fill in the required information for processing purposes:

One Time Use Maintain on File * Require Receipt

Card Choices:

MC: Visa: Discover: AmEx: *time saving option

Card Number: _____

Expiration Date: _____ Code: _____

Invoice Number	Order Number	Total Amount
Total Charges		

Authorized Signature: _____

Date Authorized: _____

Please use an additional sheet if needed:

Please fax completed form to:

Direct Fax: 314-951-2018
Credit Department
Direct Phone: 800-760-2941
Email: credit-dept@fleshco.com