



# LibertyWare LLC

## Credit Card Information

PO Box 160450  
Freeport West Building E6  
Clearfield, UT 84016-0450 USA

Please complete the following information so we can process your order using the credit card of your choice.

Toll Free: (888) 500-5885  
Office: (801) 825-5885  
Fax: (801) 825-5875  
www.libertywareusa.com

### Company Information

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

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

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

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

Orders Submitted By: \_\_\_\_\_

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

### Card Type

American Express

Master Card

Visa

THIS AUTHORIZATION WILL BE USED TO CHARGE YOUR CREDIT CARD ACCOUNT FOR YOUR ORDER, ONLY WHEN SPECIFIED, OR WHEN TERMS ARE PAST DUE.

PLEASE SUPPLY A PHOTO COPY OF YOUR CREDIT CARD SHOWING BOTH THE FRONT AND BACK OF THE CARD BEING CHARGED TO PAY FOR THE PENDING ORDER. IT IS NECESSARY FOR THE CARD TO BE SIGNED SO THAT WE CAN VERIFY THE SIGNATURE BELOW.

### Card Information

Account No: \_\_\_\_\_ V-Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_  Personal Credit Card  Company Credit Card

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax #: \_\_\_\_\_