



1313 N GRAND AVE #249, WALNUT, CA 91789-1317

PHONE: 909-614-1756 FAX: 909-628-5363

EMAIL: INFO@MADACO.COM

Credit Card Information

Credit Card Type : VISA MASTER

Name as it appears on credit card _____

Company Name _____

Card# _____ - _____ - _____ - _____

Expiration Date _____ / _____

Security # on the back (Last 3 digits) _____

Billing Address _____
Street Address or PO Box

City

State

Zip Code

Payment option : Easy Pay Option One Time Only Credit Card Charge

Easy Payment Agreement

(You may authorize Madaco Safety Products, Inc to automatically charge your credit card provided above to receive against invoices): I understand that my participation in this plan is to remain in effect until canceled in writing by me. I hereby agree that I have fully read and understand my Easy Pay account terms and conditions and that I authorize Madaco Safety Products, Inc to debit the specified credit card for payment of my Madaco Safety Products, Inc invoices.

Order No : _____

Amount: _____

Signature: _____

Date: _____