



1655 63rd Street
 BROOKLYN, NEW YORK 11204
 Tel. 718-259-9280 / Fax 718-234-3860

Account# _____

Account Name _____

For purchases made on: _____

Invoice# or Month: _____

Amount: _____

Cardholder's Name: _____

Cardholder's Phone Number: _____

Visa _____ Mastercard _____ Amex _____
 Discover _____

Street Address and Zip Code of Cardholder's Billing Address

Account# _____ Exp _____

VCode _____

(4 digit code over acct #for AMEX). (3 digit code on back of card for Mastercard & Visa)

Signature _____

For your protection, your request **MUST** be accompanied by a copy of the credit card and the cardholder's driver license (front & back)