

Date: _____

CREDIT CARD AUTHORIZATION

All information is kept strictly confidential

Bill To Customer Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email Address *(To Send Sales Receipt)*: _____

Ship To Customer Name: _____

ATTN: _____ Phone: _____

Address: _____

City, State, Zip: _____

American Products LLC is authorized to charge my credit card in the amount of:

\$ _____ for the purchase of:

_____ (quantity, part number _____)

_____ (quantity, part number _____)

_____ (quantity, part number _____)

_____ (quantity, part number _____)

per purchase order number _____.

It is understood that additional freight charges may apply.

Credit Card Type: Visa MasterCard American Express

Credit Card #: _____

Expiration Date (Month and Year): _____

Name on Card: _____

Verification Code (Last Three Digits Printed on Back of Card in Signature Block Area): _____

Authorized Signature: _____

Print Name: _____

American Products LLC

597 EVERGREEN ROAD, STRAFFORD, MO 65757

Feel Free To Call Us: 855-736-2135 | Sales Fax: 417-736-2662

E-mail: Info@amprod.us | <http://www.amprod.us>

Thank You For Your Business!