



DATE: _____

TO: _____

FROM: _____

If you wish to purchase M.J. Soffe, LLC merchandise using your American Express, Visa or MasterCard, please complete the form below.

TO: M.J. Soffe LLC

I, (We) _____ do hereby authorize M.J. Soffe LLC to charge the credit card American Express, Visa or MasterCard, account noted below for purchases of product and/or services that will be made from time-to-time, by phone or by written purchase order.

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

AMERICAN EXPRESS VISA MASTERCARD

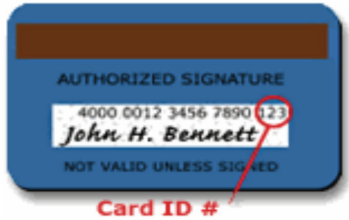
CREDIT CARD #: _____ EXPIRATION DATE: _____

VISA /MasterCard V CODE: _____

(The LAST 3 DIGIT number printed on back of the card)

American Express CID CODE: _____

(The small, 4 DIGIT number to the right on the front of card)



Card ID #



Card ID #



Card ID #

Visa
You will find Visa's 3-digit security digit printed on the signature panel located on the back of the card immediately following the account number.

MasterCard
You will find MasterCard's 3-digit security digit printed on the signature panel on the back of the card.

American Express
You will find American Express' 4-digit security digit printed on the front of the card above the account number.

NAME ON CARD: _____ AUTHORIZED PURCHASER: _____

DAYTIME PHONE: _____ AUTHORIZED PURCHASER: _____

FAX NUMBER: _____

I, (WE) CERTIFY THAT THE FACTS CONTAINED HEREIN ARE CORRECT TO THE BEST OF MY KNOWLEDGE.
I (WE) AGREE TO ALL TERMS AND CONDITIONS AS PUBLISHED BY M.J. SOFFE LLC,
AND AGREE TO PAY ALL INVOICES WITHIN TERMS TO PREVENT TERMINATION OF CREDIT CARD
ACCEPTANCE BY M.J. SOFFE LLC.

AUTHORIZED SIGNATURE / TITLE

DATE