

# SPORTSEGE / ABT, INC. CREDIT CARD ORDER FORM

DATE: \_\_\_\_\_

**PLEASE SEND THE INVOICE TO:**

To: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Job: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 PH: \_\_\_\_\_  
 FX: \_\_\_\_\_

**PLEASE SHIP MATERIALS TO:**

To: \_\_\_\_\_  
 C/O: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Contact Name & #: \_\_\_\_\_

QTY	SE / ABT PART #	ITEM DESCRIPTION	NET COST EACH	TOTAL COST
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
		Total Materials Amount		\$ -
		Freight/Packing charges for order		
		North Carolina Sales Tax (if applicable)		N/A
		<b>Credit Card Charge Amount TOTAL</b>		\$ -

For Internal Purposes Only

Date of Charge \_\_\_\_\_

Amount of Charge \_\_\_\_\_

Reference Number \_\_\_\_\_

Capture Number \_\_\_\_\_

Processed By \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_  
 Type: MasterCard / Visa / American Express (Circle One) (3) Digit "V Code" on Back of Card \_\_\_\_\_  
 Printed Name on the card: \_\_\_\_\_ Your Signature: \_\_\_\_\_

By signing above, I agree to the contents of this order in its entirety.

After completing the charge information above, please fax this form to fax number 704-528-0179. Thank you.

**PLEASE NOTE: ACTUAL CHARGES WILL BE BILLED AND SHOWN AS ABT, INC.**