

1 Company Billing Information

Company Name :
Billing Address :
City/State/Zip Code :
Contact Name/Title :
Phone/Fax :
Email :
Website :

2 Credit Card Information

Card Type <i>{ please circle }</i> - MC Visa Amex																				
Card Number :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>																			
Name on Credit Card <i>{ print name }</i> :																				
Card Expiration Date :	Security Code :																			

3 Authorization *{ I hereby authorize Blue Ocean Traders to charge the following amount. }*

Amount of Payment :	
Keep this card on file ? <i>{ please circle }</i> - Yes <i>{ apply this card on future orders }</i> No <i>{ apply only on this order }</i>	
Authorized Cardholder Name <i>{ print name }</i> :	
Authorized Cardholder Signature :	Your Purchase Order Number :
	Date :

4 Submit this form via email - info@blueoceantraders.com, or fax - 502 637 1841.

..... **!** To be completed by Blue Ocean Traders

Date Received / Amount Charged :	Invoice Number :
Transaction Reference Number :	Processed by :