



CREDIT CARD INFORMATION

Name of Company: _____

Name of Applicant: _____ Title: _____

Type of Credit Card: _____

Name on Card: _____

Number on Card: _____ Exp.Date : _____

Security code Visa/MasterCard the 3 digit number on back of your card _____

Security code American Express the 4 digit number on front of your card _____

Billing Address of Card: _____

City: _____ State: _____ Zip: _____

Shipping Address (if different) _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

By completing this application, you authorize SnowMasters Evaporative Snow Systems to process your order with the credit card information provided above. You also authorize this charge if the Shipping and Billing addresses are not the same.

Understood and Signed: _____ Date: _____

Print Name: _____

Title: _____

Company: _____

Please FAX back to: 813-689-6269