

LOCKFAST LLC
CREDIT CARD PURCHASE FORM

BILL TO NAME ON ORDER: _____

THIS FORM SENT TO: _____

BELOW SIGNATURE AUTHORIZES LOCKFAST LLC TO USE CREDIT CARD INFORMATION FOR
LOCKFAST ORDER# OR CUSTOMER PURCHASE ORDER# _____ , TO COVER
MATERIALS, FREIGHT, OR ANY OTHER MISCELLANEOUS CHARGES ASSOCIATED WITH THE ORDER.

BILLING ZIP CODE: _____

BILLING STREET NUMBER: _____

CREDIT CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____

SECURITY CODE: _____

CARD HOLDER NAME: _____

SIGNATURE OF CARD HOLDER: _____

DATE: _____

SUBMIT COMPLETED INFORMATION TO THE ATTENTION OF SALES AT FAX 513-701-6936 OR EMAIL TO
SCHOOLS@LOCKFAST.COM. IF ANY QUESTIONS, PLEASE CALL LOCKFAST AT 800-543-7157.