



Quality & Service, Bonded Together

FOR OFFICE USE ONLY

Customer # _____

Order # _____

Credit Card Form

Please complete the required information and email (Credit@lamatek.com) or fax back to 856-599-6010

Billing Information

Company Name _____

Billing Contact _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Fax _____

Invoice Method

E-mail _____

Backup _____

Fax _____

Mail _____

Item #	Description	QTY	Base Price	Total
OFFICE USE ONLY			Shipping Amt.	
ORDER TOTAL:				

Credit Card #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on Card _____

Expiration Date (MM/YY) _____ / _____ CSU Code _____

Signature _____ Date _____

SHIPPING Information

(if different than billing address)

Company Name _____

Contact Person _____

Address _____

City/State/Zip _____

Phone _____

Email _____

same as billing

SHIPPING METHOD

- Standard Ground
- 3-Day
- 2-Day
- Next Day
- Next Day A.M.
- Ship via UPS Acct. # _____