

SHEARGEAR, INC 120 SUNNYTOWN ROAD CASSELBERRY, FL 32707 PH 407-636-5500 FAX 407-636-5505 EMAIL: ibleedblackandwhite@yahoo.com

CREDIT CARD TRANSACTION GUARANTY AGREEMENT

Company Name:				
Shipping Address:				
Contact person	Title			
Contact email				
Credit Card Information: (Circle One)	Visa	Mastercard	Amx	Discover
Card Number:	Exp			
Name Imprinted on Card:	Code:			
Billing Address: (Address as appears on Cre	edit Card S	statement, not co	mpany ao	ddress)
				_
				-
TAX EXEMPT NO	YES_			
(If YES, a copy of resale certification)	ate must	be sent alor	ng with	this form.)
Phone Number: ()				
Fax Number: ()				
Signature of Cardholder:				
(MUST MAT	CH SIGNA	TURE ON COP	Y OF CA	ARD)
I, amount of all orders submitted, subject to governing the use of such card. This agre ordered from sheargear , inc .	and in ac		the agree	eement
Customer Signature:		Date	e:	