



PLEASE FAX TO
407-636-5505

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

PAYMENT PROCESSING - TRANSACTION GUARANTY AGREEMENT

PAYMENT BY CHECK OR CREDIT CARD

COMPANY INFORMATION

COMPANY NAME _____
 SHIPPING ADDRESS _____

 CITY _____ STATE _____ ZIP _____

PHONE NUMBER - - EXT

CONTACT PERSON _____
 CONTACT EMAIL _____
 CONTACT PERSON 2 _____
 CONTACT EMAIL 2 _____

PAYMENT BY CHECK

(SHEARGEAR PREFERRED)

PLEASE FILL IN IF CHECK PAYMENT IS PREFERRED

PLEASE MAKE PAYABLE TO: **SHEAR GEAR INC**
 PLEASE REMIT TO: **120 SUNNYTOWN RD, CASSELBERRY, FL 32707**

ACCOUNTS PAYABLE EMAIL _____

PHONE NUMBER - - EXT

Please wait for final invoice to be emailed before making payment.

PAYMENT BY CREDIT CARD

PLEASE FILL IN IF CREDIT CARD PAYMENT IS PREFERRED

CARD NUMBER

EXPIRATION DATE / CVC CODE

NAME ON CARD _____
 CARD BILLING ADDRESS _____

 CITY _____ STATE _____ ZIP _____

Sales Tax will only be collected from orders being shipped to Florida were a resale certificate was not provided. Currently we are only required by law to collect Sales Tax to orders shipped to a Florida address. Please consult with your accountant on any Use Tax or Sales Tax requirements within your state.

PLEASE EMAIL A COPY OF YOUR RESALE CERTIFICATE TO williamh@sheargear.com

I, _____ (NAME), agree to pay the amount of all orders, subject to and in accordance with this agreement governing the use of such card or account. This agreement is given as consideration for goods ordered from sheargear or pmts.sheargear.com.

Customer Signature: _____ Date: _____