



www.tensile.com

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Credit Card Preference Form

Date:

COMPANY NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
CITY/STATE/ZIP:	<input type="text"/>
PHONE:	<input type="text"/>
FAX:	<input type="text"/>
E-MAIL:	<input type="text"/>
CREDIT CARD CONTACT:	<input type="text"/>

Acceptable Credit Cards include Visa, MasterCard, & American Express. You will be contacted for Credit Card Number, Expiration Date, and Name on the Card.



Does company need invoice first?	<input type="text"/>
Limit per day? If yes, how much?	<input type="text"/>
Send Receipt to:	<input type="text"/>
Send Receipt Via:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US mail
Special Instructions:	<input type="text"/>