
Select-Your-Gift, Inc

2717 York Road • Oak Brook, IL 60523-2367
Phone 630-954-1287 • Fax: 630-571-7110

Paying by Credit Card Form

**Fax form to
630-571-7110**

Company Name: _____

Buyer/Contact Name: _____

Email: _____

Shipping Address: _____

City / State: _____ Zip: _____

Phone Number: (____) _____ Fax: (____) _____

Years at this address: ____ Prior Address: _____

Business Entity: () Non-Profit Org. () Proprietorship () Partnership () Corporation in State: ____

Federal Tax I.D. Number: _____ or SSN _____

Please note:

When opening a NEW account for ordering, the above information will be used to setup your account. If a Credit Card is supplied below, that card will be billed for all orders until instructed otherwise, or until new credit card information is sent to replace the one previously submitted. Charges will be processed by Certif-A-Gift Company

Your Credit Card Information

Card Type : () Visa; () Mastercard; () American Express; () Discover

Card # : _____

Expiration Date: Month: _____ Year: _____

Name on Card: _____ (as it appears on card)

Billing Address for this Credit Card:

Address: _____

City / State: _____ Zip: _____

Phone Number: (____) _____ Fax: (____) _____

Guarantee of Payment and Acceptance of Terms

By signing this application you give the authorization to charge your credit card for products and services provided by our company.

By: _____
Officer's Signature Title Date

Print Name _____

This application must be signed by an officer/ owner/ partner of the company or organization.
