



CREDIT CARD PAYMENT FORM

*** Please fax to 970.669.3090 for processing ***

CREDIT CARD INFORMATION			
Customer Name:			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number:		Expiration Date:	
Name as it appears on Credit Card:		CVC2 Code:	
Payment Amount (US Dollars):			
Signature:		Date:	
CREDIT CARD BILLING ADDRESS			
Street Address:			
City:			
State:	Zip/Postal Code:		Country:
Phone Number:		Fax Number:	
SHIPPING INFORMATION			
Ship To:	Shipping Carrier: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> DHL		
	Account Number:		
	Type of Service: (Please select one)		
	<input type="checkbox"/> Fast (Next Day Air, Overnight)		
Email:	<input type="checkbox"/> Least Expensive (Ground)		
Phone Number:	<input type="checkbox"/> Other _____		
PAYMENT INFORMATION			
Purchase Order (If Applicable):		Req. Delivery Date:	
Qty	Part Number / Description	Unit Price	Extended Price
		Sub-Total:	
		Estimated Freight:	
		Total:	



Instructions for Completing the Credit Card Payment

Credit Card Information

- Please fill in all credit card information including the payment amount to be charged to your credit card.
- TAMS does not accept debit cards or check cards that require use of a personal identification number as a method of payment.

Credit Card Billing Address

- For verification purposes, address information must be filled out as it appears on credit card monthly statement. Failure to complete the address information, including zip/postal code, may result in the payment not being accepted by your credit card institution.

Shipping Information

- Fill in all shipping information if you wish to use your shipping account. It is essential to indicate the type of service desired. If a shipping account is not provided, TAMS will prepay the UPS charges and add to your invoice. TAMS charges only the exact UPS cost and ships via the lowest cost service.

Payment Information

- To properly apply your payment, please indicate PO number (if applicable), quantity and part number in which you want to apply this payment to.

Important Information

- Please contact TAMS if you have any questions and/or need additional information.