



**ZOOLING  
IMPORTS LLC**

## Credit Card Payment Information

Representative Agency: \_\_\_\_\_ Contact Salesperson: \_\_\_\_\_

**Note: 3% service convenience fee is added to total.**

Company: \_\_\_\_\_

Full Name: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Keep card number on file and use for future orders

### Billing Address of Card:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_ 3% Service Charge: \_\_\_\_\_

Total Amount to be Charged: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

### Accounts Payable Contact Information:

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

**Note: All charges will appear on credit card as Total Products Group.**