



CREDIT CARD PAYMENT INFORMATION			
BUSINESS PAYMENT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Address Associated with Credit Card:			
City:		State:	ZIP Code:
Credit Card Number:			
Exp Date:	SVS Code:		
AGREEMENT			
<ol style="list-style-type: none">1. All invoices are to be paid 3 days from the date of the invoice.2. Claims arising from invoices must be made within seven working days.3. By submitting this application, you authorize CheapClubFlyers.com and its subsidiaries to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Title: Date:		Title: Date:	

**Please fax back to 713-520-1202
or email back to orders@cheapclubflyers.com**