

Credit Card / COD Authorization

Customer Name _____

Customer Account Number _____

Check preferred payment option and complete the appropriate section.

Credit Card

COD

Option 1: CREDIT CARD

Card Type Visa/MC Discover American Express

Card Number _____

Expiration. Date _____

CVC Security Code _____

Name as it appears on Card

Billing Address for Card

Authorized Signature _____ Date _____

Keep card on file for future orders? ___YES ___NO

Option 2: COD

Authorized Ship Date _____

Authorized Signature _____

Fax Number for COD Amount Notification _____

The logo for Mental Gear, featuring the word "Mental" in a stylized, cursive script font.

118 Ava Drive Hewitt, TX 76643 254.420.1010 fax 254.420.1301
www.mentalgear.com email:info@mentalgear.com