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GPS Location: 250 South River Road, Halifax PA 17032

CREDIT CARD AUTHORIZATION FORM

ITEM DESCRIPTION:	
TOTAL PRICE:	
SOLD TO:	
PHONE:	
PURCHASE ORDER:	
SHIPPING ADDRESS	
STREET:	
CITY:	
STATE:	
ZIP CODE:	
BILLING ADDRESS (IF DIFFERENT)	
STREET:	
CITY:	
STATE:	
ZIP	
CREDIT CARD TYPE:	Complete and return via fax to 717-896-8924.
CREDIT CARD NUMBER:	If you received this form by
EXPIRATION DATE:	email, you may return the
CVV CODE:	completed form to the originating email address.
ZIP CODE FOR CREDIT CARD:	
*NO REFUNDS ON ELECTRICAL OR SPECIAL-ORDER ITEMS	
CUSTOMER SIGNATURE:	