



# SAES Pure Gas

## Credit Card Form

**\* DENOTES a Required Field**

SAES Pure Gas Order # \_\_\_\_\_

### Customer Information

* Customer Reference #			
* Company Name			
* Buyer/Contact			
* Street Address			
* City			
* State		* Zip	
* Office Phone		Cell Phone	
E-mail Address		* Fax Number	
<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-Taxable	* Tax Exempt Resale #	

*Note: All shipments into California will be taxed unless a valid resale number is provided*

### Shipping Instructions

<input type="checkbox"/> FedEx Prepaid	Account #			
<input type="checkbox"/> UPS Prepaid	Account #			
<b>Ship-To Address:</b>	<input type="checkbox"/> Same as listed above			
Attention				
Street Address				
City	State:		Zip:	

### Credit Card Information

Card Type	<input type="checkbox"/> MC	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
* Name ( <b>Exactly</b> as Shown on Card)			
Card Number		Exp Date	
* Statement Billing Address	<input type="checkbox"/> Same as listed above		
Attention			
Street Address			
City	State:		Zip:

### Part Information

SPG Part#		Qty		\$
SPG Part#		Qty		\$
SPG Part#		Qty		\$
CA Sales Tax if Applicable				\$
Total to be Charged (Not Including Freight)				\$

*Note: We will choose the most economical shipping method unless otherwise specified by you!*

\* Acknowledged by: \_\_\_\_\_

Card Holder Signature

\_\_\_\_\_

Date

To complete your order please **SIGN** and fax back to SAES Pure Gas. FAX: 805-541-9399. *Thank You!*