



Credit Card Approval Form

Boss Acct Name: _____ JDE AB# (Bill to) _____

Date: _____ SC Order/Inv # _____ Cust PO # _____

PO Placed By: _____ Phone # _____ Cust Serv Rep (Initials) _____

Product Total.....\$ _____

Setup/Imprint Fee &/or Handling Charge.....\$ _____

Tax _____ % (if applicable).....\$ _____

Freight Charges.....\$ _____

Total To Be Charged To Credit Card.....\$ _____

****IMPORTANT: The Following Information is REQUIRED**

FULL NAME on CARD/CARDHOLDER _____

BILLING ADDRESS: (street) _____

(city) _____ (state) _____ (zip) _____

CARD NUMBER (Visa, Mastercard, Discover, American Express or Diners Club):

Expiration Date on Card: _____ 3 Digit Security Code (on back) _____

Cardholder's Phone _____ Cardholder's Fax _____

**** I authorize Boss Manufacturing (or Boss subsidiary), to charge the amount shown above to my Card (card number listed above)**

**** Signature of CARDHOLDER _____**

**** IMPORTANT: Please COMPLETE, SIGN, & RETURN this directly to our CREDIT & COLLECTIONS SPECIALIST at secure FAX # 309-856-5216**