



8125 BAYBERRY ROAD  
 JACKSONVILLE, FL 32256  
 Telephone 904-739-2626  
 Fax 904-737-5261  
 Email info.usa@speck-pumps.com



**CREDIT CARD CHARGE FORM**

CUSTOMER CODE: CLM00 PERSON PLACING ORDER: \_\_\_\_\_

COMPANY NAME: CLM Distribution Inc

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_  
**AMERICAN EXPRESS, MASTERCARD or VISA**

*PLEASE PROVIDE THE **BILLING INFORMATION** YOUR CREDIT CARD COMPANY HAS ON FILE. IF THE PROVIDED INFORMATION DOES NOT MATCH, YOUR ORDER CAN NOT BE PROCESSED OR COULD BE DELAYED*

STREET #  
 or PO BOX #: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CVV : \_\_\_\_\_ EXPIRATION DATE  
 (3 or 4 digit #) SHOWN ON CARD \_\_\_\_\_

CUSTOMER FAX #  
(450) 937-8494

CUSTOMERS PHONE #:  
(450) 937-9494

(For Office Use Only)

SALESMAN:  
Chris Calise

SALES ORDER #:  
074847

MERCHANDISE TOTAL: \_\_\_\_\_ **\$ 3,850.65**

SALES TAX: \_\_\_\_\_

ESTIMATED SHIPPING CHARGES  
 (ADDED AT TIME OF SHIPPING) \_\_\_\_\_

**TOTAL TO CREDIT CARD: \_\_\_\_\_ \$ 3,850.65**

**Please choose a method of receiving your invoice:**  U.S. Mail  Fax  E-mail  
 Please provide fax number or e-mail address: \_\_\_\_\_

I HEREBY AUTHORIZE THE CHARGING OF THE ABOVE AMOUNT TO MY CREDIT CARD. I ALSO STATE THAT ALL OF THE ABOVE INFORMATION THAT I HAVE GIVEN IS TRUE AND CORRECT AND THAT I AGREE TO PAY FOR ALL GOODS RECEIVED

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED BEFORE YOUR ORDER CAN BE SHIPPED**

Please fax back to Speck Pumps at 904.737.5261 or e-mail to [accounting.usa@speck-pumps.com](mailto:accounting.usa@speck-pumps.com)

as soon as possible to avoid any delays to your order.