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Email: milittisales@milittisales.com www.milittisales.com

Credit Card Using Authorization

I authorize Militti Sales & Pro	omotions to use the	e following credit card in the amount of	
<u>\$</u>			
Company Name:			
Card Holder Name:			
Card Type:			
Card Number:			
Card Expiration Date:			
Billing Address:			
City:	State:	Zip Code:	
3 Digits AVS-Code:			
Signature:		Date:	
Notes: Please fax the filled form t	o 402-597-0244. Plea	se don't send the filled form by email.	