



Credit Card Sales Form

Please return to shoporder@elitescreens.com, **all the fields are required**

Sold To (Name): _____ Ship To (Name): _____

Company: _____ Company: _____

Billing Address: _____ Shipping Address: _____

City, State, Zip/Postal Code

City, State, Zip/Postal Code

Phone #: _____ - _____ - _____

Phone #: _____ - _____ - _____

e-mail: _____

Model Number	Quantity	Price
		\$
		\$
		\$
		\$
Required for Parts & Accessories Screen model & Serial number:		

\$ _____ **Sub Total**

\$ _____ **Tax** Pick up in Garden Grove 8.75% | Shipping Address in Orange County 7.75% | California 7.25% | Maryland 6.0% | Rest of USA Tax Free

\$ _____ **Shipping & Handling** Residential Commercial

\$ _____ **Grand Total**

VISA MasterCard American Express Other

CC Number: _____ Exp. Date: _____

Card Holder's Name: _____ CVV: _____

I hereby authorize the use of this credit card to Elite Screens, Inc., for the purchase of the specified equipment above.

Date _____ - _____ - _____
Month Day Year

Signature: _____