



Credit Card Payment Form

Kindly complete this form by filling in the fields and printing the page, and either fax or mail to Saf-T-Co Supply, Inc.

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Company Name: _____

Amount Agreed: \$ _____

Card holder Name: _____

Print Name

Company Phone: (____) _____

Cardholder Billing Address: _____

Street: _____

City _____ State _____ Zip _____

Card# _____

Security Code # _____

Type of Card Visa MasterCard American Express Discover

Expiration Date _____

Pleas initial below, sign and submit with your payment. Orders will be fulfilled once this form has been received by Saf-T-Co Supply, Inc.

My payment and signature below constitute acceptance of all terms and conditions of sale, and are available upon request”

Cardholder’s Signature: _____

Name (Printed): _____

Date: _____

Email: Receivables@saftco.com

Fax: (714) 547-2983

Mail: 1300 Normandy Place, Santa Ana, CA 92705