

TreeMasters

REQUIRED FOR ALL CREDIT CARD ORDERS

COMPANY NAME: _____

CREDIT CARD TYPE:

VISA _____ AMERICAN EXPRESS _____

DISCOVER _____ MASTERCARD _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

SECURITY CODE *on back of card* (REQUIRED): _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS ON CREDIT CARD: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

FAX#: _____

101 EAST 11TH STREET, SUITE 1, POST OFFICE BOX 1095

NEWTON, NORTH CAROLINA 28658

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email treemast@bellsouth.net