



Order #

COMPANY NAME				VERTICAL CABLE FAX# 954-454-2167	
CARD TYPE				Cardholder FAX #:	
NAME ON CARD				Cardholder Phone #:	
CARD NUMBER				Credit Card Bill to: Address (Fill Below)	
EXPIRATION DATE				Add 1	
Security Code				Add 1	
				City	State: Zip:
DESCRIPTION:				Price	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$
One transaction only <input type="checkbox"/>		All future transactions (Signature Required) <input type="checkbox"/>		FREIGHT \$	
Date:		Authorization:		SUB TOTAL \$	
Reference/PO:				TAX \$	
				TOTAL \$	
Purchaser Sign Here: X					
<small>Signature of Payer/Cardholder indicates you agree to allow Chiptech, Inc dba Vertical Cable to charge your credit card and that you have read and understand all terms and conditions. Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder agreement with the issuers. Cardholder agrees to pay additional freight charges and sales taxes if applicable.</small>					