

SPECIAL-T GOVERNMENT CREDIT CARD ORDER INFORMATION

Cardholder signature required for credit card order

Email completed order form to orders@	CONTRACT #												
AGENCY P.O.#		Ship-to Address											
Credit Card Billing Address													
	Special-T, LLC Order or Invoice #												
Bill-to Phone # Bill-to FAX # or Email		SPECIAL INSTRUCTIONS/REQUESTS											
Bill-to FAX # or Email													
REQUIRED CREDIT CARD INFORMATION													
Please fill out all required fields with the correct information. Card Number: Security Code: Expiration Date: Amount to Charge: Cardholder Name: Cardholder Signature:		SERVICING DEALER											
		Dealership Name: Contact Name: City and State: Email: Phone # Account #:											
								QTY MODEL	COLOR	TAG	LIST \$	DISC %	UNIT \$

See Attached Quote	# Pages to Follow		TOTAL \$	



Tel: 888.705.0777 Fax: 678.456.6046