

<b>ePartners Inc.</b>	
<b>Corporate Office</b> 6565 N MacArthur Boulevard, Suite 950 Irving, TX 75039 469.587.5660 469.587.5661 (fax)	<b>Signature Series</b> 3038 - B Crawfordville Hwy Crawfordville, FL 32327 850.926.3100 (fax) 850.926.3740
VISA/MASTERCARD/AMEX/DISCOVER TRANSACTION FORM	
Customer Account Number:	Date:
	Contact Name:
Type of Sale:	Contact Phone:
Customer Name & Billing Address:	Ship To Address:
Invoice Number:	
Name on Card:	
Card Number:	
Type:	
Expiration Date	
Total Amt of Sale:	
Tax Exempt:	Yes      No      (if exempt attach certificate)
Telephone #:	
P.O. Reference:	
Customer Signature:	
<i>For Internal Use:</i>	
Sales Tax:	
Freight Charge:	
Total:	
ePartners Inc. Representative:	Date:
Approved By:	Date:
Approval Code:	

**Note: use a separate form for each credit card transaction.**  
**Fax completed form to: ePartners Signature Series, 850.926.3740 Attn: Order Processing**  
**ALL SALES ARE FINAL**