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|--|---|--------------------------|---|--------------------------|---|
| Name of Business or Individual | | | Phone | | |
| Contact Name | | | | | |
| Billing Address | | | Shipping Address (if different) | | Fax |
| City | State | Zip | City | State | Zip |
| Email Address: | | | | | |
| CREDIT CARD INFORMATION | | | | | |
| Cardholder Name Address | | | | | |
| Card Number | | | Expiration Date | | |
| 3 Digit Verification Number for Visa and MasterCard only (located on back of credit card) | | | | | |
| Please Check One: | | | | | |
| <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <p>Cardholder acknowledges receipt of goods and/or services as contracted with SEEML, Inc. Greenville, SC, 29607. This account will be maintained for this use until such time the cardholder notifies SEEML in writing as to the cancellation of this agreement. All charges are final after 60 days.</p> | | | | | |
| ----- Date | | | ----- Cardholder Signature | | |
| Return To: SEEML, Inc. 102 Edinburgh Court Greenville SC, 29607 Phone: 864-233 3770 Fax: 864-233-6589 www.seeml.com | | | | | |
| CREDIT CARD AUTHORIZATION | | | | | |