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Credit Card Authorization Form

Please type or print information neatly. Orders may be delayed due to illegible information

Company Information

Company Name: _____

Address: _____

Street Address Suite/Unit #

City State ZIP Code

Phone: _____ FAX: _____

Attention: _____

Email: _____

Order Information

Credit card orders \$1500 and over will be charged a 3% convenience fee.

PO Number: _____ PO Date: _____

Approved Amount: _____ Ship Via _____

Account: _____ Service Type: _____

Payment Information

Card Information: _____

Card Number EXP. Security Code

Billing Address: _____

Name on Card

Street Address Suite/Unit #

City State ZIP Code

Authorized Signature: _____

Date

