



2200 Y.H. Hanson Avenue
Albert Lea, MN 56007-3407
Phone: 507.373.5006
Fax: 507.373.0713

CUSTOMER CREDIT CARD PROFILE

Customer Vendor Number:

Customer:

Address:

City, State, Zip:

Phone:

Contact:

Credit Card Holder if other than Customer:

Credit Card Type: *Master Card* *Visa* *Discover* *Am. Express*

Credit Card Number:

Credit Card Verification Code (3 digit back of card):

Credit Card Expiration Date:

Use Credit Card on all Invoices or as Directed:

(No terms discount allowed)

Date:

Salesman:

The above information will be kept in strictest confidence and used as directed by your company.
All information will be kept under lock and only authorized personnel will have access/