

AAKRON RULE CORPORATION
PO BOX 418
AKRON, NY 14001
(716) 542-5483
ACCOUNTING FAX (716) 542-2205 ALT. #(716) 542-5789

CIRCLE ONE: VISA / MASTERCARD / DISCOVER

CARD NUMBER: _____/_____/_____/_____

EXPIRATION DATE: ____/____ CVV CODE-3 DIGITS _____

CARDHOLDERS NAME: _____

WE AUTHORIZE AAKRON RULE CORPORATION TO APPLY OUR PURCHASE
ORDER# _____ (PLUS SHIPPING) TO OUR CREDIT CARD.

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S ADDRESS: _____

COMPANY NAME: _____

PLEASE NOTE

THE PURCHASE ORDER(S) LISTED ABOVE ARE ON CREDIT HOLD UNTIL THE
CREDIT CARD INFORMATION IS RECEIVED. THE CREDIT CARD WILL BE
PROCESSED THE DAY THE ORDER SHIPS.