

Weiner's, Ltd.

Credit Cards Application

Fax to 608-831-6656

Federal Tax ID# _____ Date: _____

Contact _____ Contact's Title _____

Business Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Business : _____ Date Established: _____

How did you hear about us? _____

For sales within Wisconsin: How will you be using the items? _____

Type of Ownership: Sole Ownership _____ Partnership _____ Corporation _____

Card Type: Visa _____ Master Card _____ Discover Card _____ American Express _____

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ Security Code on Back _____

Billing Name & Address (If Different):

City: _____ State: _____ Zip: _____

You may place your orders by phone, fax or online. Do you wish to have an online account set up? _____