

GENERAL PET SUPPLY INC.

Dear Customer:

Date: _____

CARD HOLDER INFORMATION

Business Name: _____

Card Holder Name _____

Billing address _____

City _____ State _____ Zip _____

Business Phone _____

Type of Credit Card (circle one) **MASTERCARD** **VISA**

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ / _____ CVV2/CVC2 (see fig.1) _____

Authorized Card Holder Signature _____

FOR OFFICE USE ONLY

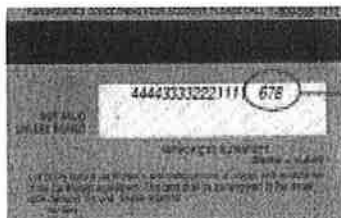
ACCEPTED BY _____

BILLING TYPE: DAILY WEEKLY MONTHLY

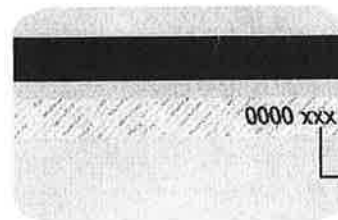
ONE TIME CHARGE UPDATING CARD FILE NEW ACCOUNT

CUSTOMER # _____ **AMOUNT \$** _____

Figure 1



VISA



MASTERCARD