

PAYMENT INFORMATION CREDIT CARD

Type of Card: VISA Master Card Discover Am/Exp

Name on Credit Card: _____

Card Number: _____ Expiration Date: _____

BILLING ADDRESS ON CARD: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

NUMBER ON BACK OF CARD: _____ (*LAST 3 NUMBERS*)

Signature: _____

I authorize (VAN'S AWARDS PLUS DIV. OF FREYBLER & ASSOC., INC.)
to charge the following amount to my credit card and I agree to pay according to my
card issuer agreement.

Current Order Amount: \$ _____ + Shipping & Handling _____

COPY AND FAX TO: VAN'S AWARDS PLUS
FAX (616) 457-6166
E-MAIL orders@vansawardsplus.com

PAYMENT INFORMATION
CHECK OR MONEY ORDER

CHECK_____ BANK MONEY ORDER_____

SEND TO:

VAN'S AWARDS PLUS

P. O. BOX 438

JENISON, MI 49429-0438

ALLOW 10 DAYS IF SENDING A CHECK.