



COMPANY NAME		VERTICAL CABLE		FAX # 954.454.2167	
CARD TYPE		VISA MASTERCARD AMEX DISCOVER		Cardholder Fax #	
NAME ON CARD				Cardholder Phone #	
CARD NUMBER				Credit card bill to: Address	
EXP. DATE					
BILL TO ZIP CODE				Zip:	
QUANT.	CLASS	DESCRIPTION	PRICE	AMOUNT	
		CABLE PRODUCTS		\$	-
		shipping to be added			
DATE		AUTHORIZATION		FREIGHT	
REFERENCE NO		CLERK/DEPT		SUB TOTAL	
				TAX	
SALES SLIP					



PURCHASER SIGN HERE

X _____

Signature of Payer/Cardholder indicates you agree to allow Chiptech, Inc. dba Vertical Cable to charge your credit card and that you have read and understand all terms and conditions.

Cardholder acknowledges receipt of goods and/or services in the the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder agreement with the issuer. Cardholder agrees to pay additional freight charges and sales tax if applicable.