

CREDIT CARD BILLING INFORMATION

NAME ON CARD: _____

COMPANY: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CARD TYPE: _____

CREDIT CARD #: _____ EXP DATE: _____

VERIFICATION CODE: _____
(Found on back of card – last 3 digits)

Email completed order form to jtorres@renze.com and speterson@renze.com or fax to 913-897-2251.

ORDER QUESTIONS

Please call Jerome Torres at (913) 897-2270 or Sheryl Peterson at 402-342-1111 ext 10

After order is received, a shipping estimate will be listed and returned to the customer for verification.

OUR TERMS

- Net due upon receipt of invoice.
- Customer is responsible for graphic installation into hardware.

Thank you for your cooperation. We look forward to working with you!