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SHOE STORE SUPPLIES • SINCE 1907

Phone: 1-888-810-1800 Fax: 212-777-1747

Credit Card Information Form

DATE _____ ORDER # _____

Company / Shipping Address

Company Name _____

Company Address _____

Company City _____ State _____ Zip _____

Company Phone _____ Company Fax _____

Contact First Name _____ Last Name _____

Email Address _____

Billing Address

Check here if Billing Address is the same as Shipping Address

Billing Address _____

Billing City _____ State _____ Zip _____

Billing Phone _____ Billing Fax _____

Credit Card Information

Card: *(please circle one)* VISA MasterCard Discover American Express

Print Name as it appears on card: _____

Card Number _____

Exp. Date _____ CVV Code _____

I certify that I am the authorized holder and signer of the credit card referenced above.

I understand that National Shoe Findings may run my credit card with an authorized hold in order to validate it.

I certify that all information above is complete and accurate.

Cardholder Signature _____

Fax this form to 212-777-1747

Thank you for your order!