



CHECK-ALL VALVE MFG. CO

ISO 9001 CERTIFIED

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E-Mail: sales@checkall.com

Credit Card Information Sheet

Bill to Purchase Order No.: _____

Card Type: M/C or Visa or Discover/Novus or AMEX

Credit Card No.: _____

Card Code: _____ Expiration Date: _____

Cardholders Company Name: _____

Card Billing Address: _____

Card Billing City, State, & Zip: _____

Cardholders Name: _____

Phone Number: _____

Fax Number/Email: _____

Check-All Sales Signature: _____ Date: _____

Comments: _____

Job No.: _____

(Billing Dept. Only) Sales Amt _____ Frt. Charges _____ Sales Tax _____

Total Amt _____

SERVING CUSTOMERS AROUND THE WORLD FOR OVER 50 YEARS!

FORM# 115A