



ZUCKER

FEATHER PRODUCTS

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California MO 65018
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I (Name of Card Member) _____ hereby
Authorize Zucker Feather Products to charge my card for the amount
of US\$ _____

1. Type of card: () MASTER () VISA () AMERICAN EXPRESS
() DISCOVER

2. Card Number _____

3. Card Expiration Date _____

4. CVV2: _____ (3 or 4 digit security number on the back of
card)

5. Billing Address _____

6. Billing Zipcode _____

7. TEL # (RES) TEL # (OFF) _____

8. CELL/MOBILE # _____

9. PRESENT ADDRESS _____

10. PRESENT TELEPHONE # _____

11. AMOUNT OF CHARGE _____

Please enclose a copy of the front and back of credit card.
Also include a copy of your State I.D. or Drivers License.

Signature _____ Date _____

I agree to pay the above amount according to card issuer agreement.

