



Credit Card Verification

Please fill this form on online, Print it, Sign it and fax it to us **973-994-1970**

I, _____, hereby authorize Foot Supply Store.com to charge my credit card listed below for the following amount \$_____ and to have it applied to an online order # _____ placed on the web site <http://www.footsupplystore.com/>.

Billing Info listed with Credit Card:			
Name:			
Address:			
City			
State		Zip	
Phone:			
E-mail:			

Shipping Info:			
Name:			
Company:			
Address:			
City			
State		Zip	
Phone:			

Date _____

Card Number _____

Expiration Date _____

Circle One:

Visa MasterCard Discover American Express

Signature of Cardholder _____

Print Name of Cardholder _____

Please Fax this form to: 973-994-1970