



Information for Cash Account

Customer/Billing Information		
Name:		
Address:		
City:	State:	
Zip Code:	Phone Number:	
Email (for invoicing):		
Delivery Information		
<i>same as above:</i> <input type="checkbox"/> yes <input type="checkbox"/> no		
Name:		
Address:		
City:	State:	
Zip Code:	Phone Number:	
Email (for order confirmation):		
Payment Information		
Name as listed on credit card:		
Credit Card Number:		
Exp. Date (MM/YY):	CVV Code:	Billing Zip Code:
Type of card: <input type="checkbox"/> visa <input type="checkbox"/> mastercard <input type="checkbox"/> other:		
Agreement		
<ol style="list-style-type: none">1. Claims arising from these transactions must be submitted in writing within seven working days.2. By submitting this application, you authorize STERN CO. to charge the credit card that you have supplied above for delivery of product.		
Signature		
Signature: _____		
Print Name: _____ Date: _____		