



For Your Convenience We Accept Visa, MasterCard and Discover

Account Number: _____

Card Type (circle one): Visa, MasterCard, Discover, American Express

Expiration Date: _____ (month) _____ (year) 3-Digit Code: _____

Billing Address for Card: _____

Total Amount-U.S.\$ _____

Customer's Name: _____

Purpose of Payment: _____

Telephone Number: (- - -) (- - - - - - -)

E-Mail Address: _____

Signature: _____ Date: _____

THANK YOU

**WESTFALEN NORTH AMERICA • P.O. BOX 429 • MURDO, SD 57559
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