

# Zookbinders®

In an effort to ensure the security of your credit card information, we have upgraded our processing system.

We need to have the exact billing name, full address and phone number for the credit card on file, *exactly as it appears on your monthly credit card statement*, in order to process all credit card transactions.

Please fill out the form below and **return it to us as soon as possible**. If you have an additional credit card you would like to keep on file, please fill out another copy of this form.

We appreciate your continued business and thank you for your prompt response.

1. Type:            Visa                            MasterCard                            American Express  
                           Novus/Discover

Credit Card Number: \_\_\_\_\_ \*CVC \_\_\_ \_\_\_ \_\_\_

Expiration Date:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_     \* Last three numbers on back of signature

2. Is this a debit card?    Yes            No

3. Billing Contact Name: \_\_\_\_\_

Billing Company Name: \_\_\_\_\_  
(if applicable)

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Billing City, State: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_

Billing Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

**Zookbinders Inc.**

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Everyone's 1<sup>st</sup> Order Kit Documents/Credit Card form