



Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Sales Representative: \_\_\_\_\_

Cash or Check

Charge

Visa

Master Card

American Express

Discover

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**\$ 25.00 FLAT SHIPPING FEE**

I hereby allow EK DESIGNER GOWNS to Keep and Use my credit card information on file for the future re-ordering purposes and understand that they will not share my information with anyone outside of their financial department.

\_\_\_\_\_  
Customer's Signature over Printed Name

\_\_\_\_\_  
Date