CREDIT CARD PAYMENT REQUEST

I _____ OF

(PRINT NAME)

_____

(PRINT COMPANY)

Authorize Midwest Trading to pay all invoice/order(s) (please circle)   YES   NO

Only, invoice/order(s) #_____

With my (please circle)   Visa / Mastercard

_____

(Card#)

_____

(Expiration Date)

_____

(CVC- 3 Digit Security Code on Back of Card)

_____

(Print Name of Cardholder)

_____

(Signature of Cardholder)

_____

(Today's Date)

_____

(Billing Address of the Card# provided including Zip Code)

_____

(Phone)

_____

(Fax)

Please Fax Completed form to 630-365-3818