



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sale Amount: \$\_\_\_\_\_

Account Number: \_\_\_\_\_

Order # \_\_\_\_\_

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

Ship to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

**CARDMEMBER ACKNOWLEDGES THAT HE/SHE HAS PLACED THE ABOVE LISTED ORDER WITH FRAME USA INC. AND OR FRAMEPLACE.COM. PLEASE BE ADVISED THAT BY SIGNING THE ABOVE AUTHORIZATION CARDMEMBER AGEES AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)**

THIS FORM MUST BE SIGNED AND FAXED BACK TO (513) 577-7105 IN ORDER FOR US TO CONTINUE PROCESSING YOUR ORDER.

\_\_\_\_\_  
225 Northland Blvd., Cincinnati, OH 45246  
(513) 577-7107 Phone (513) 577-7105 Fax (800) 666-7654 Toll Free