30140 Lakeland Blvd., Ste. 3 Wickliffe, OH 44092 www.fanemb.com Ph: 440-942-5200 Fax: 440-942-6011 e-mail: sales@fanemb.com

Credit Card Authorization

Please complete all information and sign at bottom

| ☐ MASTERCARD | □ VISA | ☐ DISCOVER | \square AMEX |
|---------------------------|--------------------------------|---------------|----------------|
| Company Name | P.O. # | | |
| Credit Card # | | | |
| Expiration | 3-Digit Number on Back of Card | | |
| Name on Card | | | |
| Address where credit card | l bill is sent: | | |
| Street | | | |
| City, State, Zip | | | |
| Address where you author | rize FES to shi | p your order: | |
| Street | | | |
| City, State, Zip | | Attn: | |
| Authorized Signature | | | |