



CHECK-ALL VALVE MFG. CO

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ISO 9001 CERTIFIED

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Form must be downloaded to Submit by Email

# Credit Card Information Sheet

Bill to Purchase Order No.: \_\_\_\_\_

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

Cardholders Name: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

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

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

Cardholders Company Name: \_\_\_\_\_

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

Card Billing City, State, & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email for receipt: \_\_\_\_\_

\_\_\_\_\_

.....  
**Check-All Valve Office Use Only**

Job No.: \_\_\_\_\_ A \_\_\_\_\_ C \_\_\_\_\_

Sales Amount: \_\_\_\_\_ Freight Charges: \_\_\_\_\_ Sales Tax: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

*SERVING CUSTOMERS AROUND THE WORLD FOR OVER 60 YEARS!*

FORM# 115B