

KINGS

703 3rd ave
Brooklyn, NY 11232
718-853-4644
Fax: (718) 853-5884
www.KingsNY.com

Account # _____

Account Name _____

For purchases made on: _____

Invoice # or Month: _____

Amount: _____

Cardholder's Name: _____

Visa _____ Mastercard _____ Amex _____

Street Address and Zip Code of Cardholder's Billing Address

Account # _____ Exp _____

V Code _____

(4 digit code over acct # for AMEX). (3 digit code on back of card for Mastercard & Visa)

Signature _____

For your protection, your request **MUST** be accompanied by a copy of the credit card and the cardholder's driver license (front & back)