



# stampede

*Expanding Your Resources*

Phone (716) 635-9474 Toll-free (800) – 398-5652 Fax – (716) 839-3563

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3332 Walden Avenue, Ste 106 Depew, New York 14303

I, \_\_\_\_\_ authorize Stampede Presentation

Products Inc. to bill my:  Visa  MasterCard

Credit card number: \_\_\_\_\_

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

CCID # : \_\_\_\_\_

(3 digits on back upper right of signature for Visa/Mastercard)

In the amount of: \$ \_\_\_\_\_

For the purpose of: \_\_\_\_\_

This is a:  Personal  Business Credit Card.

Stampede Customer # \_\_\_\_\_

Customer Name : \_\_\_\_\_

Cardholder's Name as it appears on Credit Card \_\_\_\_\_

Billing Address for Cardholder

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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