## 11630 Western Ave. Stanton, CA 90680 Telephone: (714) 892-0275 Fax: (714) 901-1852 Donwaltersinc.com

TO PROCESS YOU ORDER, PLEASE FILL OUT THE FOLLOWING INFORMATION	
COMPANY NAME:	
CREDIT CARD NUMBER:	
NAME AS IT APPEARS ON CARD:	
ADDRESS FOR CARD BEING USED:	
EXPIRATION DATE:	
CVV SECURITY NUMBER:	
INITIAL HERE TO RETAIN ON FILE:	
PLEASE SIGN CREDIT CARD FORM BELOW.	

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9200	AU	TH. NO.	DATE MO.	DAY	YR.	DEPT.	INITIALS	☐ TAKE	
	QUAN.	CLASS	,	DESCRI			UNIT COST	AMOUNT	
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4	The issued upon prop subject to	of the cord id- er presentation.	natified on this item I promise to pay such gace with the agree	is authorized to TOTAL (logather ement governin	o pay the amount with any other cha g the use of such	shown as TOTAL orges due thereon) ocard.	SUB TOTAL		
	SIGN	V		***************************************			TAX		
Bank of America.	TIEN	SALES SLIP TOTAL							
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THANK YOU FOR COMPLETING YOUR ORDER WITH DON WALTERS COMPANY Please fax back to (714) 901-1852