

CREDIT CARD AUTHORIZATION FORM

VISA, MASTERCARD, AMERICAN EXPRESS

To: KI Credit Dept.

Fax: 920.468.2782

I authorize KI to charge my credit card for the following:

Account # _____

Order/Invoice # _____

Amount _____

Credit Card # _____

Expiration Date _____

Card Holder _____

Signature _____

Business Name _____

Business Address _____

Phone _____

If you require a receipt, please provide your e-mail address: _____

Any applicable sales or other tax will be added upon invoicing. If you are sales tax exempt, please provide a copy of a valid sales tax exemption certificate with your purchase order.

Please complete and fax to 920.468.2782