

McPhersons

957 N. Meridian Street, PO Box 188, Sunman IN 47041
Phone 1-800-535-6330 Fax 1-866-246-8265

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____

Account Number(s): _____

I hereby authorize *McPhersons* to charge all incoming orders
to my: ___ Visa ___ Mastercard ___ Discover ___ Am Ex

Credit Card Number: _____

Expiration Date ____/____/____

Cardholder's Name: _____

Cardholder's Address: _____

Signed: _____ Date ____/____/____

Please return this signed agreement form to
Attn: Credit Dept. at PO Box 188, Sunman, IN 47041
or fax to Credit Dept. at 1-866-246-8265