



**PEDORS® CREDIT CARD REGISTRATION FORM**

Please keep on file my credit cards, listed below, to be used for payment of my orders

**ACCOUNT INFORMATION**

Customer Number: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
DBA Name: \_\_\_\_\_

**CREDIT CARD INFORMATION**

**\*\* DO NOT WRITE YOUR CARDNUMBER ON THIS FORM \*\***

Forms bearing a full card number will be returned without processing

\* Enter only the last 4-digits of your card number; our credit department will contact you with your full card number

<u>Card Number One</u>	<b>Please check:</b>	Master Card	Visa	AMEX
Cardholder Billing Name: _____	* Last 4-digits of Card Number	<input type="text"/>		
Cardholder Billing Address: _____	Expiration Month/Year: _____	_____		
City, State, Zip Code: _____	E-Mail Address: _____	_____		
Cardholder Phone Number: _____				

<u>Card Number Two</u>	Master Card	Visa	AMEX
Cardholder Billing Name: _____	* Last 4-digits of Card Number	<input type="text"/>	
Cardholder Billing Address: _____	Expiration Month/Year: _____	_____	
City, State, Zip Code: _____	E-Mail Address: _____	_____	
Cardholder Phone Number: _____			

**I wish to use my credit card to:**

XXX Automatically pay every invoice when products are shipped

CARDHOLDER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_ Title \_\_\_\_\_

*For the protection of your information, please fax this form to  
Pedors Shoes, Attention Credit Department, Fax 800 446 3101  
Credit Department Phone #: 800 750 6729*