

Order Form/Credit Card Authorization

Bill To		Date
Customer Name		Email -
Billing Address		
City	State	Zip
Phone No.	Fax No.	

Ship To

Name		
Street Address		
City	State	Zip
Phone No.	Fax No.	

Qty	Item No.	Description	Price Each	Amount

Comments/Special Instructions/Custom Order Information (we can add appropriate pricing or you can call or email for pricing)	(SD residents - 4% State Sales tax plus 2% if receiving order in town. IL residents - 6.25% Sales tax)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Subtotal</td> </tr> <tr> <td style="padding: 5px;">Sales Tax (0.0%)</td> </tr> <tr> <td style="padding: 5px;">Total</td> </tr> </table>	Subtotal	Sales Tax (0.0%)	Total
Subtotal					
Sales Tax (0.0%)					
Total					

Credit Card Information Visa Mastercard Discover American Express

Card No. _____ - _____ - _____ - _____ Expiration: _____ / _____ (mm/yyyy)

CVV Code - _____ (usually last 3 digits - back of card in signature strip)

Please print name EXACTLY as it appears on card _____

I do hereby authorize Sagebrush LLC to process payment for all orders made by fax, phone or email to the above referenced credit card. I assume responsibility for payment. I do agree to abide by the Sales & Return Authorization policies established by Sagebrush LLC. I have read the above conditions & hereby agree to the terms of this sale.

Authorized Signer _____ Date _____

Please print name EXACTLY as it appears on card _____

Fax 888-797-8409 Phone 605-203-0161 or 888-819-8782 www.rfidtagstcc.com

OR Mail to: Sagebrush LLC 505 Park Ave. S. Lake Preston, SD 57249