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2

Credit Card Release Form

Following are the conditions for all Visa/Master Card/AMEX/Discover purchases at Denco Sales. This agreement must be signed and on file prior to any transactions and will remain in force and effect until withdrawn in writing/via Certified Mail, return receipt requested:

- In the event the card is declined at any time, **Denco Sales Co.** reserves the right to demand payment in full prior to any future deliveries/purchases
- Visa/Master Card/AMEX/Discover transactions will be accepted ON THIS CARD ONLY

CARD NUMBER: _____

CARD MEMBER: _____

EXPIRATION DATE: _____ CVC(last three #'s on back of card): _____

CARD BILLING ADDRESS: _____ Zip Code _____

DENCO ACCOUNT NAME: _____ ACCT #: _____

PHONE NUMBER: _____

I AGREE TO ALL TERMS AND CONDITIONS AS OUTLINED ABOVE AND AUTHORIZE **Denco Sales co.** TO DEBIT MY CREDIT CARD ACCOUNT LISTED ABOVE AND ACCEPT RESPONSIBILITY FOR PAYMENT ON ALL TRANSACTIONS.

Signed: _____

CARD MEMBER

Date: _____

PLEASE FAX COMPLETED FORM TO:

CREDIT DEPARTMENT
DENCO SALES CO
FAX # 303-209-4251
PHONE 800-232-0607 X 235, X231