



# JBT

**The Jewelers Board of Trade**

**P. O. Box 6928**

**Providence, RI 02940-6928**

**401-467-0055 x3200**

## **CREDIT CARD ORDER FORM & AGREEMENT**

### **Credit Card Billing information (same as on your Credit Card statement):**

Corporate/Personal Name (as appears on Card): \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **Order Information:**

Member Name: \_\_\_\_\_

Member#: \_\_\_\_\_

Card Type:                      Visa                      MasterCard

Credit Card #: \_\_\_\_\_

Authorization Code (3 digits on back of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Total Amount US \$: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please include a copy of the front and back of the credit card**

**Note: Order/bill will not be processed until we receive a valid signature  
FAX to 401-467-3129**

### **Agreement:**

\_\_\_\_\_ I authorize The Jewelers Board of Trade to use this credit card to process any future orders/billings.  
Initial

\_\_\_\_\_ The months I authorize are from \_\_\_\_\_ to \_\_\_\_\_ Year \_\_\_\_\_  
Initial

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**INTERNAL USE ONLY (PLEASE DO NOT FILL OUT)**

Invoice #	Amount Charged	Processed By	Date
Sales Tax			