



24K Peace of Mind.

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 American Express

Credit Card #: _____

Authorization Code (3 digits on back of card/4 Digit American Express CID): _____

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:

Note any further billings for any JBT services will automatically be charged to the card above.

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

INTERNAL USE ONLY (PLEASE DO NOT FILL OUT)

Invoice #	Amount Charged	Processed By	Date
Sales Tax			