



CHECK-ALL VALVE MFG. CO

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ISO 9001 CERTIFIED

E-Mail: sales@checkall.com

Form must be downloaded
to Submit by Email

Credit Card Information Sheet

Bill to Purchase Order No.: _____

Card Type: _____

Cardholders Name: _____

Credit Card No.: _____

Expiration Date: _____

CVV Code: _____

Cardholders Company Name: _____

Card Billing Address: _____

Card Billing City, State, & Zip: _____

Phone Number: _____

Email for receipt: _____

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Check-All Valve Office Use Only

Job No.: _____ A _____ C _____

Sales Amount: _____ Freight Charges: _____ Sales Tax: _____

Total Amount: _____

Comments: _____

Signature: _____ Date: _____

SERVING CUSTOMERS AROUND THE WORLD FOR OVER 60 YEARS!

FORM# 115B