



DATE: _____

TO: _____

FROM: _____

If you wish to purchase M.J. Soffe Company, Inc. merchandise using your American Express, Visa, MasterCard, or Diner's Club with MasterCard Logo, please complete the form below, sign and fax it to the attention of:

Susan Ralph: Fax # 910-486-9030 - Phone # 800-723-4223

TO: M.J. SOFFE COMPANY, INC.

I,(We) _____ do hereby authorize M.J. Soffe to charge the credit card American Express, Visa, MasterCard, or Diner's Club with MasterCard Logo account noted below for purchases of product and/or services that will be made from time-to-time, by phone or by written purchase order.

COMPANY NAME: _____

ADDRESS: _____

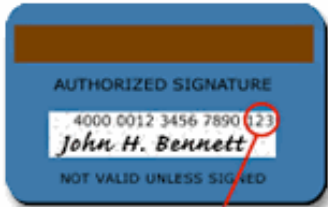
CITY/STATE: _____ ZIP: _____

AMERICAN EXPRESS VISA MASTERCARD DINER'S CLUB with MasterCard Logo

CREDIT CARD #: _____ EXPIRATION DATE: _____

VISA /MasterCard V CODE: _____
(The LAST 3 DIGIT number printed on back of the card)

American Express CID CODE: _____
(The small, 4 DIGIT number to the right on the front of card)



Card ID #

Visa
You will find Visa's 3-digit security digit printed on the signature panel located on the back of the card immediately following the account number.



Card ID #

MasterCard
You will find MasterCard's 3-digit security digit printed on the signature panel on the back of the card.



Card ID #

American Express
You will find American Express' 4-digit security digit printed on the front of the card above the account number.

NAME ON CARD: _____ AUTHORIZED PURCHASER: _____

DAYTIME PHONE: _____ AUTHORIZED PURCHASER: _____

FAX NUMBER: _____

I, (WE) CERTIFY THAT THE FACTS CONTAINED HEREIN ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I (WE) AGREE TO ALL TERMS AND CONDITIONS AS PUBLISHED BY M.J. SOFFE COMPANY, INC., AND AGREE TO PAY ALL INVOICES WITHIN TERMS TO PREVENT TERMINATION OF CREDIT CARD ACCEPTANCE BY SOFFE.

AUTHORIZED SIGNATURE / TITLE

DATE