

WEAVETEC, INC
124 N CHARLESTON ST.
BLACKSBURG, SC

To: Accounts Payable/_____

From: Weavetec, Inc.; Accounts Receivable Department

Re: New Credit Card Processing Procedures

Date: _____

Thank you for your cooperation and your business.

Please complete the following:

- V Code (3 digit number on back of card) _____.
- Credit Card # _____ Expired Date _____
- Numerical portion of Customer's billing address _____.
- Customer's billing zip code _____
- Customer number _____ (leave blank if you do not know it)
- Weavetec Inc. is authorized to process your invoices that are selected by Company _____,
- Name of representative: _____
- E-mail address _____
- Phone # _____ Fax # _____

Address assigned to Credit Card: _____

**PLEASE NOTE THERE IS A 3% PROCESSING FEE
FOR ALL PAYMENTS MADE WITH CREDIT CARD.**