



GSA CREDIT CARD VERIFICATION FORM
GSA Contract: 47QSMA18D08QX

Send credit card forms to: KSchwindel@ofs.com

Cardholder Name: _____

Cardholder Address: _____

Cardholder Phone: _____

Cardholder Signature: _____

Cardholder Email Address: _____

Card Type: MasterCard _____ Visa _____ AMEX _____
Discover _____

Credit Card Number: _____

Security Code Number: _____

Card Expiration Date: _____

Charge Card: Immediately ___ At time of Shipment ___

Ship To: _____

Contact Name and Phone Number: _____

GSA Net Cost for Product: \$ _____

Installation Charges: \$ _____

Misc Charges: \$ _____

Total Cost to be Charged: \$ _____

Note: A complete list of products, quantities, pricing, and all pertinent ordering information must be submitted with this credit card form.

OFS Brands Inc: 1204 East 6th Street, Huntingburg, IN 47542