

WOODSTOCK MARKETING

CREDIT CARD FORM

For Dealers who want to pay via credit card:

Name on Card _____

Card Billing Address:

Street _____

City: _____

State and Zip _____

(VISA, MASTERCARD or AMERICAN EXPRESS only)

Card Number _____

Exp. date: ____ / ____

Verification 3 or 4 digit code _____

Email or fax this information to us:

orders@woodstockmarketing.com

Fax: 203 304 2548

