

Credit Card Registration Form

***Please type in information below***

 ***Contract Account Information:***

 **\* Division:** **LA**

 **\* Master Number: 1033130**

 **\* Company Name:** Stemilt Growers

 **\* Billto ID: 1002513**

 **\* Shipto ID: OLDS Station**

\*Required information

***Please type in information below***

 ***Credit Card Information:***

 **\* Card Number:**

 **Card Holder First Name:**

 **Middle Initial:**

 **Card Holder Last Name:**

 **Email Address:**

 **Budget Center#:**

 **(if applicable)**

 \*Required information

**Please send your typed completed form to our secure fax machine @ 877-337-8535**