

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**