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Info@ToolLodge.com

PLACE AN ORDER

Credit Card Authorization Form

BILL TO

Company: _____
Name: _____
Address1: _____
Address2: _____
Address3: _____
Address4: _____
Phone: _____

PAYMENT

Card Number: _____
Expiration: _____
Amount (USD): _____ Date: _____

CONTACT

Email: _____

NOTES

QUOTE# _____

-OR-

SHIP TO Same as Bill To

Company: _____
Name: _____
Address1: _____
Address2: _____
Address3: _____
Address4: _____
Phone: _____

SHIP VIA ToolLodge Prepaid /Or Local Delivery

_____ Carrier (UPS, FedEx, DHL)
_____ Account Number
_____ Account Holder Postal Code
_____ Method (Ground, Next Day Air, etc.)

Email completed forms to: info@toolodge.com