

Fax/Mail Order Form

I, _____ (your name), authorize NEXTEVE LLC to charge the following amount from my credit card for my purchase(s) from nexteve.com. Details are as follows,

Order/Invoice Number: _____

Amount: USD _____

Credit Card Type (please tick): Visa MasterCard AMEX Discover

Credit Card Number: _____ - _____ - _____ - _____

Expiration date: _____ / _____ (Month) / _____ (Year)

Security code (CVV2/CVC2): _____ (3 or 4 digits)

Name (exactly as on card): _____

(line 1)

(line 2)

Credit Card Billing Address:

(city, state)

(country)

(line 1)

(line 2)

Shipping Address (if different from billing):

(city, state)

(country)

Contact information:

Phone: ____ - ____ - ____ Email: _____

Signature (as on Credit Card): _____

Date:

____ / ____ / ____

(Month) / (Day) / (Year)

Instructions:

- (1) **Print** out this form;
- (2) **Fill** out the form; *Extra information? Write here ==>*
- (3) Use **one** of the three ways to **Send** the form to us,
 - (a) Fax the filled form to **(USA)-(724)-827-2173**
 - (b) Or, mail it to the following address,
Nexteve.com
3381 Old Darlington Rd
Darlington, PA 16115
United States
 - (c) Or, scan the filled form, and email us the image.

