

**TOP HAT UNIFORM INC.  
dba TOP HAT IMAGEWEAR  
230 DUFFY AVENUE – SUITE E  
HICKSVILLE, NY 11801**

**TEL:** [REDACTED]

**FAX:** [REDACTED]

**EMAIL:** [REDACTED]

**CREDIT CARD FORM**

**Customer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Credit Card (circle one):** Visa    Mastercard    American Express

**Credit Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_                      **V Code:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Address on Account:** \_\_\_\_\_

**Amount to be charged: \$** \_\_\_\_\_

**Apply to Invoice/Sales Order or Purchase Order #** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_