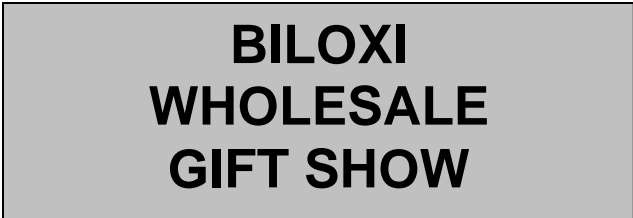


**WHOLESALE MARKETS, INC**

Wholesale Markets, Inc  
PO BOX 58, Edmond, OK 73083  
800-951-1994  
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**CREDIT CARD FORM**

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**ALL DIGITS**  
OF YOUR CARD NUMBER **AND THE EXPIRATION DATE!**

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Company Name: \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount to Charge \_\_\_\_\_

Signature \_\_\_\_\_

**VISA**

Company Name: \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount to Charge \_\_\_\_\_

Signature \_\_\_\_\_