


The Computerworld Honors Program

Crystal Paperweight Keepsake Form

Ship to:	DATE:	
	PHONE #:	
	PAID BY: Mail checks to B&B Embroidery, 100 Squire Road, Revere, MA 02151 Check <input type="checkbox"/> (Check #) Credit Card <input type="checkbox"/>	

QUANTITY	DESCRIPTION OF ITEM	\$ PER	
	CRYSTAL PAPERWEIGHT KEEPSAKE	\$95.00	
		TAX	
		SHIPPING	
		TOTAL \$	

Credit Card Authorization Form
Please Fax to 978-767-9223
Email to: benblogo@aol.com

In lieu of my credit card imprint, I _____
(Name of cardholder as shown on Credit Card)

Hereby authorize Blanch & Son to charge my MasterCard/Visa _____
(Issuing Bank/Financial Institution Name)

(Credit Card Number) (Expiration Date) Back VIN Code

Your Billing address, (where the statement is mailed)

X _____ Date _____
(Signature of Cardholder)

MASTER CARD, AMEX or VISA ONLY
 OUR CREDIT CARD TERMINAL DOES NOT EXCEPT DISCOVER "Sorry"