## ON APPROVAL

## VENFIELD INC.

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Firm Name: Address: Phone: Fax: Contact person: Date pick-up: Date returned:	
Item#	
List price:	
Net price:	
Credit card type:	Name on card:
Credit card #	Billing address:
Expiration date:	CVV2 code:
	tems for 24 hour approvals. If merchandise is not ill be charged. Any damages to merchandise will be the
Delivery fees and set up are to be	e arranged by firm or person taking items.
Signature:	Date: