

Credit Card Payment

Date _____ Customer Number _____

Customer Name _____

City, State Zip _____

MC VISA AMEX Disc (circle one)

Card # _____

Exp _____ Security Code _____

Invoice # _____ Amount _____

Invoice # _____ Amount _____

Invoice # _____ Amount _____

Invoice # _____ Amount _____

Invoice # _____ Amount _____

Total _____

Called In By _____

Confirmation? Yes No Fax # _____

Email: _____