



CREDIT CARD PAYMENT FORM

DATE: _____

RMA / SALES ORDER NO: _____

PURCHASE ORDER NO: _____

CUSTOMER NO: _____

COMPANY NAME: _____

VISA

MASTERCARD

NAME AS IT APPEARS ON THE CREDIT CARD: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVC Code _____

TOTAL AMOUNT INCLUDING SHIPPING: _____

DATE TO CHARGE ACCOUNT: _____

BILLING ADDRESS FOR CREDIT CARD:

SHIP TO ADDRESS OF ORDER:

Phone No. _____

RECEIPT OR CHARGE ACKNOWLEDGEMENT REQUIRED? YES NO

If yes, where can acknowledgement be faxed or mailed?

FAX: _____

Address: _____

