

CUSTOMER CREDIT CARD ORDER

DATE: _____

TAKEN BY: _____

>>>Please make sure entire sheet is filled out completely<<<

COMPANY NAME: _____

CUSTOMER #: _____

CREDIT CARD TYPE: VISA / MC / AMEX / DISCOVER

CARD #: _____

EXP. DATE: _____

VERIFICATION CODE:

VISA / MC / DISCOVER - 3 DIGITS (BACK OF CARD): _____

AMERICAN EXPRESS – 4 DIGITS (FRONT OF CARD): _____

NAME ON CARD: _____

CREDIT CARD BILLING ADDRESS: (NO P.O. BOXES)

(Address where credit card statement is sent)

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

CUSTOMER REQUIRES RECEIPT: YES NO

(if customer needs a receipt, phone, fax or email must be filled in)

****ALL INFORMATION MUST BE OBTAINED IN ORDER FOR
THE CREDIT CARD TO BE PROCESSED.**