



Credit Card Form

CREDIT CARD FORM

Order Information

Date	_____	Company Name	_____
Order/Invoice #	_____	Account #	_____
PO Number	_____	credit card into	_____
		from	_____
*Subtotal	_____		
Shipping Amount	_____		
Tax	_____		

*Total Amount	_____		

Credit Card Information

*Transaction Origin	_____	<i>Mail/Phone Orders</i>
*Transaction Type	_____	<i>Sale</i>
Card Accepted	_____	<i>VISA or Master Card</i>
*Credit Card Number	_____	
*Expiration Date	_____	
*Credit Card Code	_____	

Enter ship to address Invoice/Order

Customer Information

Shipping Info

Customer ID or Acct #	_____	Same as bill to	_____
*Name on Card	_____	Ship to Store	_____
Billing Company Name	_____	Ship Address	_____
*Billing Street Address	_____	City	_____
*City	_____	State	_____
*State	_____	Zip	_____
*Country	_____	<i>United States</i>	
*zip Code	_____		
Phone	_____		
Fax	_____		
Email	_____		

** must have information*