



CREDIT CARD PAYMENT FORM

Company Name: _____

Card Type: Visa MasterCard Discover

Card Number: _____

Exp. Date: _____ V-Code: _____

Name as it appears on the Card: _____

Address that the Credit Card Statement is mailed to (required for CC
Address Verification-include street address, city, state, and zip code):

We thank you in advance for your cooperation. This information will help
us to process your order more efficiently.