

Customer Info

Company Name _____

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Mobile _____

Email _____

Billing Info (Same as Above)

First Name _____ Last Name _____

Address _____ Unit/Suite # _____

City _____ State _____ Zip Code _____

Telephone _____ Ext _____ Fax _____

Card Name Visa Mastercard Discover American Express

Name on Card _____

Credit Card # _____

CVV (Card Code) _____ Exp Date _____

Please Imprint Card Here (photocopy not accepted)

	QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT	
EXPIRATION <input checked="" type="checkbox"/> DATE CHECKED						
DATE	AUTHORIZATION			SUB TOTAL		
REFERENCE NO.	REG./DEPT.			TAX		
FOLIO/CHECK NO.	SERVER	CLERK	TIPS	MISC.		
SALES SLIP					TOTAL	

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

MERCHANT COPY

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Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Sign Here _____ Print Name _____ Date _____