



Confidential

Fax: 800.541.5967

# Credit Card Payment Request Form

*This form is to be treated as confidential when filled out.*

Date of Request \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_

City/State \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Address Credit Card Bill Is Being Sent To \_\_\_\_\_  
(Address) (Zip Code + 4)

Contact Name \_\_\_\_\_

Contact Phone Number ( ) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_ (for automatic notification of charges)

Credit Card Type (16 Digits)    

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_/\_\_\_\_\_  
(Month) (Year)

Invoice Numbers \_\_\_\_\_

or \_\_\_\_\_

Order Numbers \_\_\_\_\_

**Check One**  This Time Only  Always  When Requested

The authorized cardholder's signature shows agreement with this company to process the above invoice(s)/order(s) for payment, as per the credit card payment terms. This agreement is good until the credit card expires or until notification is made.

Authorized Cardholder's Signature \_\_\_\_\_