



CREDIT CARD INFORMATION FORM

Customer Name: _____

Sales Rep: _____

The following information is needed to process a credit card transaction.

Name (as it appears on Card): _____

Billing Address (include street address, city, state, and zip code):

Phone Number: _____

Credit Card Information: **Visa** **MasterCard**

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Invoice Numbers: _____

Total: _____

Customer Signature: _____ **Date:** _____