



## CUSTOMER CREDIT CARD CHARGE FORM

DATE : \_\_\_\_\_

PERSON COMPLETING FORM : \_\_\_\_\_

### CREDIT CARD INFORMATION

SUBTOTAL :

SALES TAX : \_\_\_\_\_

TOTAL AMT. TO BE CHARGED : \$ \_\_\_\_\_ -

CARD TYPE (CHECK ONE) :  VISA  
 MASTERCARD  
 Amex

CREDIT CARD NUMBER : \_\_\_\_\_

SECURITY CODE (3 DIGIT CODE ON BACK OF CARD) : \_\_\_\_\_

EXPIRATION DATE : \_\_\_\_\_  
MM/YY

NAME AS IT APPEARS ON CARD : \_\_\_\_\_  
FIRST NAME LAST NAME

COMPANY NAME (IF APPLICABLE) : \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

BILLING ADDRESS (Note: Billing address MUST match the address that the credit card statement is sent to) :

STREET ADDRESS : \_\_\_\_\_ APT./SUITE # : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_

**Please note that a 3% credit card processing fee will be added in addition to the amount above.**

### INVOICE INFORMATION

INVOICE/CONTRACT NUMBER(S) THAT THE CHARGE IS TO BE APPLIED TO : \_\_\_\_\_

Job Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_