



Approved _____

CARD HOLDER INFORMATION

Business Name: _____

Card Holder Name _____

Billing Address _____

City _____ **State** _____ **Zip** _____

Shipping Address _____

City _____ **State** _____ **Zip** _____

Business Phone _____

Type of Credit Card (circle one) **MASTERCARD** **VISA**

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ **CVV2/CVC2** (see fig.1) _____

Authorized Card Holder Signature: X _____

FOR OFFICE USE ONLY

EZ ___ **CC** ___ **KP** ___ **CP** ___ **AP** ___ **CK** ___ **TL** ___ **OTHER** _____

BILLING TYPE: **DAILY** **WEEKLY** **MONTHLY** **ONE TIME CHARGE**

ADDITIONAL INFO: **UPDATING CARD FILE** **NEW ACCOUNT**

CUSTOMER # _____ **AMOUNT \$** _____

ORDER #/PAY DETAIL _____

ORDER AMT \$ _____ **FREIGHT CHARGE \$** _____ **HANDLING FEE \$3.00**

Figure 1



CV2 Num

VISA



CVC2

MASTERCARD