



Credit Card Payment Form

Important Note: Any customer wishing to provide a credit card number **MUST FAX this form 201-748-1690.**

Please **IGNORE** the **INVOICE NUMBER** and **DATE**

COMPANY NAME: _____

INVOICE NUMBER: _____

INVOICE AMOUNT: _____

INVOICE DATE: _____

CARDHOLDER NAME: _____

CARD TYPE: (Please circle one) **Amex / Visa / MasterCard**

CARD NUMBER: _____

EXPIRATION DATE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

SUBMITTED BY: _____

DATE: _____

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmembers' agreement with the issuer.

SIGNATURE OF CARDHOLDER (REQUIRED): _____

For accounting use only. Transaction number:
