CUSTOMER ACCOUNT INFO

Customer Code (Account Number)			
Customer Name (Company Name)			
Payment Amount $			
Payment or Pre-Payment on Account (CIRCLE ONE)?	Payment	Pre-Payment	
Recurring Charge?	No	Yes (Date to Charge)	

Invoice(s) or Order #(s) to Apply Payment to (please attach any related documents) or list invoices here:		

Receipt to Customer (CIRCLE ONE)?	No	E-Mail (next line)	Mail to Address on File	Mail to a Different Address (next line)
E-Mail/Mailing Address				

CREDIT CARD INFORMATION

Credit Card on File (CIRCLE ONE)	*Yes*	*No*		
Card Type (CIRCLE ONE)	VISA	MC	AMEX	OTHER:
Name on Card (If Provided)				
Card #				

Expiration Date (MMYY)		Street #		Zip Code	
Verification Code		*Retain Credit Card Info? (CIRCLE ONE)*	*Yes*	*No*	
Phone # of Caller (IN CASE OF CHARGE ISSUES)					

COMPLETED BY

Name (Please Print)		*Date*	