

CUSTOMER ACCOUNT INFO											
Customer Code (Account Numbe	r)										
Customer Name (Company Name	<u>e)</u>										
Payment Amount \$	(Pl	ease n	ote: a 3% (redit ca	ard pro	oce	ssing fee w	ill apply)			
Payment or Pre-Payment on Account (CIRCLE ONE)?		P	ayment	yment Pre-			nent				
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	E-Mail (next	: line)	Mail	to	Address or File	n Ma	Mail to a Different Address (next line)		
E-Mail/Mailing Address											
	CRI	EDI	T CARI	D IN	FOR	RN	OITAN	N			
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	t #			Zip Code			
Verification Code				Retain Credit Card Inf (CIRCLE ONE)			ard Info?	Yes	No		
Phone # of Caller (IN CASE OF CHARGE ISSUES)											
COMPLETED BY											
Name (Please Print)							Date				