CREDIT CARD PAYMENT

Date:	Customer Code:
Customer Name:	Person making payment:
Name on card:	Street#, Zip

		Card number	Exp Date	VCN #
☐	Visa			
☐	M/C			
☐	Amex			
☐	ATM			

Invioices to be paid:

\# _____

\# _____

\# _____

\# _____

\# _____

\# _____

Total paid: $

Processed by

Posted to A/R: