

Credit Card Payment Form

Company Name on Card: _____

Individual Name on Card: _____

Tel # for issuing Bank for Card: _____

Billing Address for Card: _____

Billing City for Card: _____

Billing State/Province and Zip Code: _____

Phone Number: _____ Fax Number: _____

Type of Credit Card: Visa Mastercard

Credit Card Number: _____

Customer Code or Card Member Reference Number _____

Expiration Date: _____ Total Amount: _____

Invoice Number or Numbers _____

Service Date: _____ Date: _____

Authorized Signature: _____

Authorized Name (printed): _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL AMOUNT upon proper presentation. I agree to pay such TOTAL AMOUNT (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card.

PLEASE FAX TO 315-393-6191**Note: CREDIT CARD PROCESSING WILL BE DONE THROUGH
CORPORATE CENTER (A THIRD PARTY)**