

## Credit Card Payment Slip

Date Received \_\_\_\_\_ Initials of person taking CC pmt \_\_\_\_\_

### Payment Information

Invoice # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Credit Card information

Visa       Master Card

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Billing Zip Code for CC \_\_\_\_\_

Corporate Card? \_\_\_\_\_ If yes, please provide Customer Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Would you like a receipt mailed to you?

Yes       No

Is the mailing address on the invoice where you would like the receipt to be mailed? \_\_\_\_\_, if no please provide address below

Mailing Address \_\_\_\_\_

Printed Name on Credit Card \_\_\_\_\_