

# CREDIT CARD FORM

Customer Name: \_\_\_\_\_

Customer Phone: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

EXP. Date: \_\_\_\_\_

Card Verification or Security #: \_\_\_\_\_

## How would you like to receive the receipt?

By Email: \_\_\_\_\_

By Regular Mail: \_\_\_\_\_