



Credit Card Processing Form - Please fax completed form to 360.254.1967

Card Type Visa MasterCard Discover Amex

Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____ CID _____

Amount\$ _____ . _____ Invoice #: _____

Description _____

Credit Card Billing Information:

First Name on card: _____ Last Name on card _____

Company (only if name is on card) _____

CC Billing Address _____

Billing City _____ Billing State _____ Zip _____ -- _____

Billing Phone __ (____) _____ -- _____

E-mail _____ @ _____ . _____

Shipping Info

Same as Billing address? Yes No If No, complete below

First Name _____ Last Name _____

Company _____

Address _____

City _____ State _____ Zip _____ -- _____

Signature

Thank you for your business and payment!