



## Credit Card Information Form

Transaction Date: \_\_\_\_\_

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

Credit Card Type:    VISA            MASTERCARD            DISCOVER

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

Expiration Date: \_\_\_\_\_

Amount of Sale: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\* I agree to pay the above amount according to the card member agreement:

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date