



CREDIT CARD PROCESSING FORM

Do you want this card billed very month on the 1st and the 15th?
Yes No

TOTAL AMOUNT BILLED ON 1st: _____
TOTAL AMOUNT BILLED ON 15th: _____

CARD TYPE (check one): _____ Visa or _____ Mastercard

CARD # _____

EXPIRATION DATE: ____ / ____ Card Verification ID: ____

NAME (as it appears on the card):

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NUMBER: _____-_____-_____

EMAIL ADDRESS: _____

(an email receipt will be sent to this address)

*There is a \$3 fee on all credit card transactions.