



Credit Department
PO Box 877
Danville, CA 94526
Tel: (209) 274-9330
Fax: (209) 274-9334

CREDIT CARD PAYMENT

Please complete all information below and fax to 209-274-9334

| | |
|--|-------|
| Date | _____ |
| Customer | _____ |
| Invoice # | _____ |
| PO # | _____ |
| Card # | _____ |
| Amount | _____ |
| Name on the Card | _____ |
| Billing Address on Card | _____ |
| Phone # associated with Credit Card | _____ |
| Expiration Date | _____ |
| Code (3 digit code back V&MC front Amex) | _____ |

Signature of Authorizing Card holder

Date

| | |
|-------------------------|-------|
| For accounting use only | |
| Date Processed | _____ |
| Authorization # | _____ |
| Transaction # | _____ |