

# CREDIT/DEBIT CARD PAYMENT FORM

**PLEASE RETURN TO ATTN: A/R DEPARTMENT @ FAX # 336-476-0187**

Company Name:

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Name on Card:

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Billing Address of Card Holder:

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Card Holder Phone Number:

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Method of Payment:      ( ) VISA              ( ) MasterCard      ( ) AMEX      ( ) DISCOVER

Credit/Debit Card Number:

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Expiration Date: \_\_\_\_\_ Code on Back of Card: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Probill(s):