



1700 Stephen Street - P.O. Box 347 - Little Chute - WI - 54140
Telephone - 920-788-7720 - Fax 920-788-7739

REQUIRED INFORMATION TO PROCESS CREDIT CARD

CUSTOMER (COMPANY) NAME (ie - ABC Company) as it appears from on credit card company	
CARDHOLDER'S NAME (ie - John Smith) as it appears from on credit card company	
TYPE OF CARD (Mastercard, Visa, Discover, American Express)	
CARD ACCOUNT NUMBER	
CARD EXPIRATION DATE	
COMPLETE ADDRESS (street address, city, state, ZIP Code) of "Bill To" address by credit card company	
INVOICE # (Note "Blanket" if for all credit card orders processed on customer's behalf)	
AMOUNT TO BE CHARGED (Note "Blanket" if for all credit card orders processed on customer's behalf)	\$ (plus Shipping, Tax, and 3% Convenience Fee)

Revised 03/16/16

Signature of Authorized Card Holder

Date

Email Address to forward credit card receipt _____ (note: complete card number is not printed on receipt for security purposes)
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