

CREDIT CARD PAYMENT INVOICE

DETAILS

INVOICE NO. _____

DATE: _____

DUE DATE: _____

TERMS: _____

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION		AMOUNT (\$)
CARDHOLDER: _____		SUBTOTAL
CREDIT CARD #: _____		DISCOUNT
CCV: _____	EXP: __ / __	TAX / VAT
TYPE: _____		TOTAL

THANK YOU FOR YOUR BUSINESS