

ACCOUNTS RECEIVABLE CREDIT CARD PAYMENT



DATE OF REQUEST:	
REQUESTED BY:	
DIVISION:	
CUSTOMER NAME:	
CUSTOMER NUMBER:	
INVOICE NUMBER:	
AMOUNT TO BE CHARGED:	
CREDIT CARD TYPE:	
MC/VISA/DISCOVER <b>NO AMEX</b>	
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CREDIT CARD VERIFICATION #	
NAME ON CREDIT CARD:	
BILLING ADDRESS:	