

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: _____	CCV: _____	SUBTOTAL
CREDIT CARD #: _____	EXP: ___ / ___	DISCOUNT
	TYPE: _____	TAX / VAT
		TOTAL

THANK YOU FOR YOUR BUSINESS

