



Credit Card Payment Form

A/E

Visa

Mastercard

Discover

Total amount to be charged to customer card:

Date of Transaction:

Invoice number(s) or if prepay proforma number:

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CVV2

3 digit number on back of card that is at the end of regular number (AMEX 4 digit number on front of card)

Expiration Date

month/date

Name found on card

Billing address of card

<input type="text"/>
<input type="text"/>

Customer telephone number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Customer contact if different than card name

CREDIT DEPT FAX 276-650-9965
lnunn@acfurnitureco.com