



Credit Card Payment Form

11130 Kingston Pike · Ste. 1-183 · Knoxville, TN 37934

Phone: (865) 966-7454 · Fax: (865) 675-0557

Cardholder Information

Company Name: _____

Name as it appears on card: _____

Cardholder Billing Address: _____

Billing City, State Zip: _____

ABC Customer Account #: _____

Credit Card Information

Type of Credit Card: _____ (We only accept Visa & Mastercard)

Credit Card #: _____

Expiration Date: _____

Invoice Information

	Invoice # 1	Invoice # 2	Total
Order / Invoice #:			
Freight Charge Estimate:			
<i>(Freight Charge = 15% of total dollar amount on pre-pay order)</i>			GRAND TOTAL
Total Credit Card Charge:			

Authorized Signature	Printed Name	Title	Date