

CREDIT CARD PAYMENT

INVOICE

Bill To	Invoice #	Payment Terms	Amount Due
_____	_____	_____	
_____	Invoice Date	Due Date	
_____	_____	_____	

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Credit Card Details

Cardholder name: _____

Card number: _____ - _____ - _____ - _____

Exp. date: _____ / _____

Security code: _____

Subtotal

Tax

Misc.

Amount Due