



Ph: 888.993.4747 • Fx: 713.255.6560

## CREDIT CARD CHARGE INFORMATION SHEET

Return via fax number above for greater security

CUSTOMER: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INVOICES/ORDERS PAYING: \_\_\_\_\_

\_\_\_\_\_

PERSON REQUESTING CHARGE: \_\_\_\_\_

PHONE #: \_\_\_\_\_