



9700 Capital Court, Suite 201
Manassas, VA 20110
Fax: 703.393.2127

Credit Card Processing Form

The following information is **REQUIRED** before the credit card can be processed.

Visa Master Card American Express

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address for Credit Card (Must include the Zip Code):

Customer Name: _____

Customer Number: _____

Invoice Number(s): _____

Total Amount of invoice(s) being paid (including taxes): _____ Tax Amount: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Receipt to be: Sent Faxed: No receipt necessary:

If receipt is to be sent, please provide correct mailing address for recipient.

Person Completing this Form: _____

***A copy of all invoices being paid MUST be included with this form.**

Fax back to: 703.393.2127

Attn: Accounts Receivable