



Dear Customer:

Date: _____

CARD HOLDER INFORMATION

Business Name: _____

Card Holder Name _____

Billing address _____

City _____ State _____ Zip _____

Business Phone _____

Type of Credit Card (circle one) **MASTERCARD** **VISA**

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVV2/CVC2 (see fig.1) _____

Authorized Card Holder Signature _____

FOR OFFICE USE ONLY

EZ _____ **CM** _____ **KL** _____ **ML** _____ **DB** _____

BILLING TYPE: DAILY WEEKLY MONTHLY

ONE TIME CHARGE UPDATING CARD FILE NEW ACCOUNT

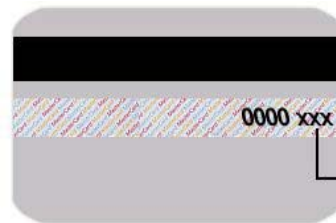
CUSTOMER # _____ **AMOUNT** \$ _____

Figure 1



CVV2
Num

VISA



CVC2

MASTERCARD