



Account Code

CREDIT CARD PAYMENT FORM

RESP	DATE

VISA

AMERICAN EXPRESS

MASTERCARD

Card Number:

Expiration Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
MONTH			YEAR	

VIN : _____

(Last 3 digits on back of card above signature line.)

Card Holder's Name:

(Exactly as it appears on card.)

Sales Invoice or Job #:

Purchase #:

Invoice Amount:

\$ _____

BILLING Address of Card Holder:

(house or P.O. Box # and zip code)

NOT SHIPPING ADDRESS !!

Please complete the following only:

- Type of card (Visa or Master card)
- Card Number
- Expiration Date & Vin number
- Card Holders Name
- Invoice number if known / Purchase order #
- Billing address of Card holder

Please return to Accounting department with copy of your purchase order.

Send by fax to : 253-269-6695 or email : accounting@aerocontrols.com

Regards

Donna Perry

PH: 253-269-3044

Credit & Accounting