



## CREDIT CARD PAYMENT FORM

|                    |                      |                |                       |
|--------------------|----------------------|----------------|-----------------------|
| Date:              | _____                | Authorized by: | <b>Cynthia Stroup</b> |
| CPS Branch Name #: | <b>Coastal 00690</b> | Phone #:       | <b>805/264-0652</b>   |
| Company Name:      | _____                |                |                       |

Customer's Name: \_\_\_\_\_

Customer's Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

MC

Visa

Discover

V Code#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Total amount to charge: \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Thank you  
for your  
support!

Please fill out the form completely. Thank you.