

# CREDIT CARD INFORMATION

\* Red Outlined Fields are Required

Account #	<input type="text"/>	Current Date	<input type="text"/>
Account Name	<input type="text"/>	<input type="checkbox"/> NEW Automatic Credit Card	
Card Type	<input type="text"/>	<input type="checkbox"/> UPDATE	
Card Number	<input type="text"/>	<input type="checkbox"/> NEW Keep On File	
Expiration Date	<input type="text"/>	Code	<input type="text"/>
Name of Cardholder	<input type="text"/>		

**Ask if Credit Card address is different than the Account address?**

Address of Credit Card	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

* Contact Phone Number	<input type="text"/>	* Person to contact if credit card issues
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Invoice Number	<input type="text"/>
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Invoice Amount	<input type="text"/>
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Authorization #	<input type="text"/>
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NOTES	<input type="text"/>
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Submitted By	<input type="text"/>
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