McClafferty Printing Co.

CREDIT CARD INFORMATION FORM

gamut*color*

Transaction date _____

Credit Card Number _____

Card Holder Validation Code (3digit)_____**Expiration Date**_____

Circle One **CREDIT** **DEBIT**

Circle One **VISA** **MASTERCARD**

Name on card _____

Authorized signature _____

Company name _____

Address _____
Street

_____
City State Zip

Contact _____

Customer account number _____

Please use the above credit card to pay the following invoices. Explain in detail any adjustments. 4% convenience fee will be applied to all first time transactions or any transactions not paid net 10 days. If payment made after net 10 days a convenience fee will apply. Business to Business credit cards only. A 4% convenience fee will be charged to all personal credit cards

Invoice #	Invoice Amount	Adjustment

Invoice Total _____

Convenience Fee _____

Total Paid _____

Fax form to accounts receivable at (302) 652-8120. Call (302) 652-8112 ext.100 or 112 for more information.