



CREDIT CARD TRANSACTION REQUEST

CIRCLE ONE: Mastercard Visa American Express

BP NO: _____

SALES ORDER NO: _____

CUSTOMER NAME: _____

PHONE NUMBER: _____

CUSTOMER ADDRESS (Bill to): _____

CUSTOMER ADDRESS (Ship to) _____

TAX RATE: _____ % If exempt, attach Sales Tax Certificate. **Cannot process without!**

MUST HAVE: ****NO EXCEPTIONS****

NAME ON CARD: _____

CARD NUMBER: _____

CARD BILLING ADDRESS: _____

INCLUDE STREET, CITY, STATE & ZIP

EXPIRATION DATE: _____ **SECURITY CODE:** _____

TOTAL AMT OF SALE: _____

FREIGHT CHARGES (If applicable): _____

3% MATERIAL/ENERGY SURCHARGE (If applicable): _____

3% CREDIT CARD TRANSACTION FEE (If applicable): _____

SUBMITTED BY: _____ **DATE:** _____

ACCTG USE ONLY:

CHARGE RUN BY: _____ **CIRCLE ONE: APPROVED / DECLINED**