



Credit Card Payment Form

Visa and MC only

Company: REC / HXI

Date: _____ Customer: _____

Phone No. _____

PO #: _____ Sales Order#: _____

Credit Card #: _____ Exp Date: _____

Name on Credit Card: _____ Security Code: _____

Amount: _____

Bill to: _____

Notes: _____

Accounting:
Credit Card Charged

Date: _____

Initials: _____

- *Filled out form to be stored in Accounting only*
- *To be shredded after processing*
- *Do not copy*