



THIS APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED.

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CREDIT CARD

PAYMENT

COMPANY INFORMATION

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

PHONE NO \_\_\_\_\_ FAX NO \_\_\_\_\_ EMAIL \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WEBSITE \_\_\_\_\_

CARD INFORMATION

CARD TYPE | VISA  MASTER CARD  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ V-CODE \_\_\_\_\_

AUTHORIZATION CARD \_\_\_\_\_

TRANSACTION COMPLETED BY \_\_\_\_\_

CHARGE DETAILS

ORDER NO. OR INVOICE \_\_\_\_\_

INVOICE AMOUNT \_\_\_\_\_

PROCESS + HANDLING FEE ( 3% ) \_\_\_\_\_

TOTAL CHARGE \$ \_\_\_\_\_

RECEIPT