

Credit Card Processing Form

Card Holder

First Name _____ Last Name: _____

Phone Number: _____ Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

MasterCard/Visa/Discover/American Express

Card Number: _____ Expiration: _____ CVN: _____

Signature: _____ Date: _____

*Transaction Fee will be charged for all Credit Card payments.

0-50= \$2.00

50.01-100= \$2.50

Each additional \$100.00 = \$2.50

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