

ABCaA
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Credit Card Purchase Slip

Company Name _____

Name/Job Title _____

Address _____

City/State/ZIP _____

Phone Number _____ Fax _____

Credit Card Number _____

Expiration Date _____ Card Type _____

Transaction Date _____

Cardholders Name _____

Billing Address _____

City/State/ZIP _____

Amount \$5 Processing Fee + \$ _____

Card Holder Signature

Date