



### CREDIT CARD PROCESSING

**ORDER INFORMATION:**

Applicable Division  
 Date(mm/dd/yyyy)  
 Purchase Order Number  
 Total Product Charge  
 Shipping Amount (if applicable)  
 Is Transaction Tax Exempt  
 Tax (if applicable)  
 Total Authorized Charge To Credit Card


**CREDIT CARD INFORMATION:**

Transaction Origin  
 Transaction Type  
 Credit Card Number  
 Credit Card Expiration Date (mm/yyyy)  
 Is Card Code On Back Of Credit Card  
 If YES Input Code

Month		Year	

**CUSTOMER CONTACT INFORMATION:**

Customer Name  
 Billing Company


**Billing Street Address**

Address Line 1  
 Address Line 2


City  State

Zip Code

Phone Number (xxx-xxx-xxxx)  
 Fax Number (xxx-xxx-xxxx)  
 Email


**SHIPPING INFORMATION:**

Copy Billing Address  
 If No then provide the following:  
 Address Line 1  
 Address Line 2


City  State

Zip Code

**FOR DOODAD USE ONLY:**

Customer ID Number

Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>
Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>
Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>

Invoice Number:  Invoice Date:

After inputting all the required data, REVIEW the form for accuracy, PRINT the form and FAX to the appropriate division. See numbers below for reference:

**East (Lancaster, PA) Fax:717-509-9100**

**SouthEast (Austell, GA) Fax:770.732.1837**

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