

## 319 Richard Mine Road Wharton, NJ 07885

To: _		
_		
From:		

## **Credit Card Requisition Form**

Please fax completed form to 973-442-1477, Attn: A/R Accountant

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Please run the following:		
In the sum of:	\$	
Customer Name:		
Customer Number:		
Type of Card (circle one):	MasterCard Vi	sa American Expres
Name on Credit Card:		
Billing Address for Card:		
City, State, and Zip Code:		
Card Number:		
CVV Code:		
Expiration Date:		
Signature of Person Request	ing Charge:	
Date of Request:		
Please apply payment to the following	ng invoices:	
Invoice Number: Amount:	Invoice Number:	Amount:

<u>Note</u>: This form is to be completed by all customers who wish to have CFR, Inc process a customers' credit card for payment of specific invoices.