

HOLIDAY

PRODUCTS

CREDIT CARD FORM

Name

Date

Company Name

Phone Number

Address (CC billing address)

City, State, Zip

Credit Card Information:

Credit Card Type

Credit Card Number

Name on Credit Card

Expiration Date

3 Digit Security Code (back of card)

Sales Rep Name

Date

**PLEASE WRITE CLEARLY AND ATTACH THIS FORM TO THE SALES ORDER WHEN
FORWARDING IT TO THE ACCOUNTING DEPARTMENT.**

HOLIDAY PRODUCTS

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