

Credit Card Processing Form

Payment Form

Payment Authorization Information

Card # _____ Type: V MC AMEX

Expiration Date: _____ (MM/YY)

CARD CODE: _____

AMOUNT: _____ TOTAL FUTURE AMOUNT: _____

ORDER INFORMATION

Invoice #: _____ Description: _____

CUSTOMER INFORMATION ID: _____

Name: _____ Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

We accept (Visa, Master Card, and American Express) and checks. An additional processing fee of 3% will be charged to all credit card charges. All returned checks will incur a \$35.00 fee. As the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Martin Myers Associates, LLC to charge my credit card, for the services provided. Please Keep my Card On File - I further agree that in the event my credit card becomes invalid, I will provide Martin Myers Associates, LLC with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Martin Myers Associates, LLC.

Signed: _____ Date: _____

Payment Method

Transaction Type

_____ Charge a Credit Card

_____ Authorize & Capture

_____ Refund a Credit Card

_____ Authorize Only

(Credit Slip **Must** be Attached and Indicated on Invoice)

_____ Capture Only

Authorization:	Phone	E-mail	Person (signed)
Input Date:	_____	Input By:	_____