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**CREDIT CARD FORM
BUSINESS FAX # (610) 756-3040**

DATE: _____

CLIENT _____ **ACCT.CODE:** _____

VISA_MASTER CARD_AMERICAN EXPRESS_DISCOVER_

Credit Card Number _____ **Exp.Date** _____

Amount _____

CREDIT CARD HOLDER

Name: _____

Address: _____

City: _____ **State:** _____

Zip code: _____

Phone Number: _____

Signature: _____

Email Address: _____

Invoice Numbers:
