



CREDIT CARD PROCESSING FORM

choose one: ProMariner  MARINCO MASTERVOLT

credit card number _____

expiration date _____ CVV2# (on back of card) _____

amount of charge _____ freight collect freight included in "amount of charge"

sales order # OR invoice # being paid _____

customer number _____

name on card _____

company name (if different) _____

billing address _____

city _____ state _____ zip _____ country _____

If confirmation is required, please provide the following information:

name _____ email _____

phone _____ fax _____

requested by _____ date _____