

**Wilson Partitions**

**Division: AWP**

Credit Card Sales Slip  
Attn: Credit Department  
Accounting fax # (323-908-5451)

Date: \_\_\_\_\_

| <u>Qty.</u> | <u>Description/ Sales Order #</u> | <u>Price</u> | <u>Amount</u> |
|-------------|-----------------------------------|--------------|---------------|
| _____       | _____                             | _____        | _____         |
| _____       | _____                             | _____        | _____         |
| _____       | _____                             | _____        | _____         |
|             |                                   | <b>TOTAL</b> | \$ _____      |

Customer Information

Visa/Master/American Express #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Last 3#s on back of card: \_\_\_\_\_

**For Office Use Only**

1. Customer Number: \_\_\_\_\_

2. Sales Order/Invoice #: \_\_\_\_\_

3. Amount: \_\_\_\_\_

Approval #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**\*CANNOT DISPUTE OR RECALL\***

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**COMPLETE CREDIT CARD'S BILLING ADDRESS IS REQUIRED TO COMPLETE THE TRANSACTION.**