



Attach a clear copy of credit card holder's driver license with this form.  
\*\*Cannot dispute or recall\*\*

**FAX 323.908.5451**

**CREDIT CARD SALES SLIP**

All fields are required to be completed. Please print.

**SALES INFORMATION**

**DATE:** \_\_\_\_\_

Quantity	Description	Price	Amount

**TOTAL:** \_\_\_\_\_

**CUSTOMER INFORMATION**

Payment Method:

Company:	
Federal ID:	
Card Holder Name:	
Driver License No.:	Expiration Date:

**Payment Information:**

Card No:	
Billing Zip Code:	Expiration Date:
Last 3 digits on back of card:	

**FOR OFFICE USE ONLY**

Customer No.:	
Sales Order / Invoice No:	
Amount:	
Approval No:	Receipt No: