

Ross & Moncure, Inc.- Credit Card Information Sheet

Information required to process a credit card payment without the card present.
Please complete all of the sections and sign the bottom of the form prior to returning to us.
It can be faxed to: 703-549-6517 or E-Mailed to: payments@rossmoncure.com

Client Name: _____

Type of Credit Card: _____ VISA _____ MasterCard _____ Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date (mmyy): ____/____

Invoice Amount \$ _____

plus 2.5% Convenience Fee \$ _____

Total Amount to be charged \$ _____

Card Code: _____ (from reverse of card)

Billing Information:

First Name:	_____
Last Name:	_____
Company:	_____
Address:	_____
Address Line 2:	_____
City:	_____
State/Province:	_____
Zip Code:	_____
Country:	_____
Phone:	_____
Fax:	_____
Email:	_____

Shipping Information:
_____ Check here if same as information entered in Billing Information

First Name:	_____
Last Name:	_____
Company:	_____
Address:	_____
Address Line 2:	_____
City:	_____
State/Province:	_____
Zip Code:	_____
Country:	_____

I AGREE TO PAY THE ABOVE TOTAL ACCORDING TO MY CARD ISSUER AGREEMENT

Information provided by:
(Signed by Client) X _____

Information taken via
telephone by: X _____

For Office Use Only: Transaction ID: _____

Employee Initials: _____