PHONE PAYMENT FORM

Authorized Amount:	Approval Code:	Date:
Cardholder Name as it Appears on Cred	it Card:	
Cardholder Billing Address:		
City:	State:	Zip:
Phone #:		
Email:		
1 (15)		
Last 4 Digits of Credit Card Number:		
Rer	move and shred info below after a	nuthorization
Credit card Number:	Expiration Date:	Security Code (CVV):
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City:	State:	Zip:
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