

Credit Card Receipt

Date:

Bill To

Name on Card:	<input type="text"/>
Company Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip /Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Person Authorizing:	<input type="text"/>

Card #:	<input type="text"/>
Card Type:	<input type="text"/>
Expiration Date:	<input type="text"/>
Code: (3 digits)	<input type="text"/>

Invoice #	Description	Quantity	Total Amount	Amount
Reason for Card Payment:			Sub-total	
			Total Credit	

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. I hereby authorize Brans Delivery to collect payment for any accessorial charges related to the freight movements noted above.