BANKCARD TRANSACTION FORM

This form must be completed and submitted with a picture I.D. (valid drivers license, Georgia State I.D., etc.) of the person responsible for the credit card account. Transaction cannot be processed unless all information is submitted. (Attach I.D. at bottom of page)

TYPE OF CARD: VISA____MASTERCARD____AMEX_____DISCOVER_____

AMOUNT OF PAYMENT_____

CARD NUMBER:_____

EXPIRATION DATE_____SECURITY CODE_____

NAME ON CARD:_____

COMPANY NAME:_____

CONTACT PERSON:_____

TELEPHONE # :_____ZIP CODE:_____

PAYMENT FOR:_____

SIGNATURE OF CARDHOLDER_____

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