



PO Box 391  
Rome, GA 30162  
Phone: 706-234-1184  
Fax: 706-234-9141

For credit card payment, please fax the completed form to 706-234-9141

Print Company Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Invoice # to Pay: \_\_\_\_\_ Amount to Pay: \$ \_\_\_\_\_

Please circle one:            VISA                            MASTERCARD

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

We appreciate your business!