



PO Box 699  
Fairview, OR 97024  
888-444-7904 Ext 251 / 503-257-9028 F  
**CREDIT CARD PAYMENT**

COMPANY NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

CARD TYPE: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CID #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

(3 digit # on back of the card)

By signing this form, I give authorization and approval for Gresham Transfer Inc. to charge my credit card account as shown for services provided. This form must be completed and returned prior to any work commencing.

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THERE IS A 3% SERVICE FEE ADDED FOR EVERY CREDIT CARD TRANSACTION**

Please provide copy of front and back of card whenever possible.

FRONT OF CARD	BACK OF CARD
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