

P.O. BOX 528 - 14 Beaver Valley Pike Willow Street, PA 17584 Phone (717) 464-2999 Fax (717) 464-4760

## **CUSTOMER CREDIT CARD SALES**

Customer Name:	
Customer Telephone Number:	<del></del>
I,(nam credit card information in their secure payment sys	e), authorize GR Mitchell Inc to save the following tem for future purchases on the
customer accountunderstand that this information may be used by auuntil further notice.	
Credit Card Type:	
VISA MASTER CARD DISCOVER AM	EXPRESSS
Last 4 Digits of Credit Card Expiration [	Date: Security Code:
Credit Card Billing Address:	
Credit Card Zip Code:	
Authorized Signature:	Date:
Printed Name:	
A phone call will be made to obtain the remain creation and information is to be used by G.R. Mitchell, Inc and Please list all authorized staff who may use to	and will be kept confidential.