



## CREDIT CARD TRANSACTION

**FAX TO: (916) 731-2150**

**DATE:** \_\_\_\_\_

### AGENCY INFORMATION

Agency Customer/Billing Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Full Payment

Partial Payment

Contact Name: \_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**YOU MUST INCLUDE YOUR EMAIL ADDRESS TO RECEIVE A SALES RECEIPT**

### CREDIT INFORMATION

Type of Credit Card:  Visa

MasterCard

Discover

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Credit Card Holder Printed Name: \_\_\_\_\_

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

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

### *DOJ Use Only*

Credit Card Approval Number: \_\_\_\_\_

**Total \$** \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Line 01 \$ \_\_\_\_\_

Line 04 \$ \_\_\_\_\_

Line 07 \$ \_\_\_\_\_

Line 02 \$ \_\_\_\_\_

Line 05 \$ \_\_\_\_\_

Line 08 \$ \_\_\_\_\_

Line 03 \$ \_\_\_\_\_

Line 06 \$ \_\_\_\_\_

Line 09 \$ \_\_\_\_\_

Posted by: \_\_\_\_\_

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