



Please Fax to: 631.410.1869

Name of Credit card Holder _____

Type Of Card VISA / MC Sorry, no Amex or Discover

Number _____

Exp Date _____

Card Verification Number _____ 3 digit code on back of card

Billing Address _____

Amount Charged _____

Invoice Number _____

Date of Event _____

Signature _____

I agree to Pay the total amount shown above in compliance with card holder agreement.

Office Use Only:	
Invoice Number	_____
Processed By	_____
Date Processed	_____
PNC Ref	_____
AuthCode	_____