

C & C PUMPING SERVICES, INC.

19968 Independence Blvd
Groveland, FL 34736

PHONE: (352) 429-7867 / (866) 762-2786 FAX: (352) 429-7868 -- Email: lholdorf@ccpumpingservices.com



Credit Card Processing Form

ID: _____ CUSTOMER NAME: _____

TYPE OF CARD: Discover American Express
 MasterCard Visa

CARD NUMBER: _____
EXPIRATION DATE: _____
SECURITY CODE: _____

(3-DIGIT CODE ON BACK OF CARD, FOLLOWING ACCOUNT NUMBER)
(AMERICAN EXPRESS - 4-DIGIT CODE ON FRONT OF CARD)

CARDHOLDER'S NAME: _____
FIRST AND LAST as it appears on the Credit Card

BILLING STREET ADDRESS: _____

City State Zip Code

TELEPHONE: _____
FAX: _____
EMAIL ADDRESS: _____

I, the undersigned, hereby give C & C Pumping Services, Inc.,
authorization to charge my credit card in the amount of: \$ _____

PLEASE APPLY TO THE FOLLOWING INVOICE NUMBERS & *FINANCE CHARGES:

**It is understood that customer is responsible for all outstanding finance and bank charges on their account.*

CARD HOLDER'S SIGNATURE: _____

THIS SECTION FOR ACCOUNTING DEPARTMENT USE ONLY

Authorization
Code/REF #: _____

AUTHORIZED BY: _____ DATE POSTED: _____