Prevent Child Abuse Georgia

CONFIDENTIAL

Credit Card Processing Form

Date _____ Customer _____

Contractor / Organization / _____

Type of card: Please circle one Visa Mastercard American Express Diners Club

CARD #: _____ **EXPIRATION DATE:** _____ _____
Month Year

Contact Person _____ Phone **(** **)** _____ **–** _____

Street Address / (Where bill is sent) _____

Address 2 / Suite # _____

City / State / ZIP _____

Customer has elected to pay by credit card instead of check

I authorize the above charges to be charged to my card:

_____ _____
Signature Date

Order will be processed same day information is filled out and sent in.

Description of Product	Quantity	Price	Total
Shipping/Handling: add 7% of total			
Sales Tax: add 8% of total			
Grand Total:			

To ensure order processing, you may contact Tara Kimbrough at tarak@preventchildabuse.org

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