



9079 Tyler Blvd., Mentor, OH 44060 ~ 440-974-3080 (P) ~ 440-974-3081 (F)

Credit Card Form

Date: _____

Company Name: _____

Person Placing Order: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Phone: _____ Fax: _____

Email: _____

Credit Card Type:

- Visa
- MasterCard
- American Express

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Note to Customers: Once an invoice is generated, the invoice total will be charged to your credit card within two or three days. A copy of your "Paid in Full" invoice and a copy of the credit card receipt will be emailed to you at the email address above once the card has been approved for payment by the issuing bank. If no email address has been provided, copies will be mailed to the card owner at the billing address specified above.

For questions, copies of receipts, etc., please contact Bonnie Cole or Angie Fitz at 440-974-3080 or bcole@chemsultants.com and afitz@chemsultants.com.