



Filter Equipment Inc.

CREDIT CARD TRANSACTION

Today's Date _____

Credit Card Number

Expiration Date

Credit Card Type (Circle One)

American Express

Discover

Visa

Mastercard

Card Customer Name

First Middle Last Sales Amount

Customer Name If Different

Street Address

City

State

Zip Code

Telephone Number

Fax completed form to: Filter
Equipment Inc. Accountants
Receivable: **269-646-9295** or
e-mail to **roy.leath@filtereq.com**

Card Member Signature

Do Not Write Below This Line

Authorization Number

Authorized Signature