

Oscoda Plastics®



Credit Card Payment Form

Date Approved	
DO NOT WRITE ABOVE THIS LINE	
CUSTOMER ACCT #	
CUSTOMER NAME	
INVOICE(S) PAID	
CARD HOLDER NAME	
CARD HOLDER ADDRESS	
CITY, STATE, ZIP	
CREDIT CARD NUMBER	
TYPE OF CARD (AMEX, VISA, M/C)	
EXPIRATION DATE	
SECURITY CODE	
AUTHORIZED AMOUNT	
PHONE NUMBER	
EMAIL	
COMMENTS	