

CAROL'S ROMAN SHADES, INC.

CREDIT CARD PAYMENT FORM

TYPE: VISA / MC / ON FILE

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CCV: _____

BILLING ZIP CODE _____

Customer Info:

Person Called: _____ Date: _____

Company Name: _____

Cardholder's Name: _____

Invoice	Amount	Notes
Total Payment		