



CUSTOMER CREDIT CARD PAYMENT

If you would like to pay your account(s)/invoice(s) by credit card please complete this form
FILL OUT COMPLETELY

Date: _____

Please check card type:

VISA

Mastercard

Credit Card # (please print clearly)

____/____
Expiration Date

3-Digit Security #

(located on the back of card)

Company Name: _____

Billing Name: _____

As it appears on card

Billing Address: _____

City, State and Zip _____

Authorized Signature _____ PHONE NUMBER _____

Signing this form authorizes Schimberg Co to keep this information on file...

EMAIL RECEIPTS TO _____

Please return form to Schimberg Co; Attention: _____

Via our secure **Fax # 319-365-9867** or email to: _____@schimberg.com

SCHIMBERG CO.
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Cedar Rapids, Ia. 52402
319-365-9421