



CREDIT CARD TRANSACTION

FAX TO: (916) 327-8193

AGENCY INFORMATION

Agency Customer/Billing Number:

Invoice Number:

Amount of Payment:

Full Payment

Partial Payment

Agency Name:

Contact Name:

Agency Telephone Number:

Agency Address:

YOU MUST INCLUDE ADDRESS TO RECEIVE A SALES RECEIPT

CREDIT INFORMATION

Type of Credit Card: Visa

MasterCard

Discover

Credit Card Number:

Credit Card Expiration Date:

Credit Card Holder Printed Name:

Credit Card Holder Signature: _____

DOJ Use Only

Credit Card Approval Number: _____

Invoice Number: _____

Li 01 \$ _____

Li 04 \$ _____

Li 07 \$ _____

Li 02 \$ _____

Li 05 \$ _____

Li 08 \$ _____

Li 03 \$ _____

Li 06 \$ _____

Li 09 \$ _____

Total \$ _____

Date: _____

By: _____