

Credit Card Receipt

Date:



EVANS DELIVERY COMPANY, INC.
 P.O. BOX 268
 POTTSVILLE, PA
 UNITED STATES
 17901

Phone: 570-385-9048
 Fax: 570-385-9139

creditdepartment@evansdelivery.com
 WWW.EVANSDELIVERY.COM

Bill To

Name on Card:	<input type="text"/>
Company Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Person Authorizing	<input type="text"/>

Card #:	<input type="text"/>
Card Type:	<input type="text"/>
Expiration Date:	<input type="text"/>
Code: (3 digits)	<input type="text"/>

Invoice #	Description	Quantity	Total Amount	Amount
			Sub-total	
			Total Credit	

Reason for Card Payment :

I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

Signature: _____