

# Credit Card Payment Form

Complete this form and fax or mail to:

Schooldesigner

1601 Oregon Pike, Suite 4

Lancaster, PA 17601

Phone: 717 735 1985

Fax: 717 295 1427

## Items purchased

Complete below or attach reservation form.

_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
Total to be charged to this credit card	<input type="text"/>

## Firm information

Firm Name: <input type="text"/>	
Address: <input type="text"/>	Zip: <input type="text"/>
Contact Person: <input type="text"/>	
Phone: <input type="text"/>	
Fax: <input type="text"/>	
Email: <input type="text"/>	

## Credit Card Details



Visa

Mastercard

Discover

American Express

Cardholder Name: <input type="text"/>	
Card Number: <input type="text"/>	Expiration Date: <input type="text"/>
Signature: <input type="text"/>	