

CUSTOMER CREDIT OR DEBIT CARD PAYMENT FORM
SECURE FAX: 316-945-0402 or Email: info@sgdrugfree.com

Please check card type: Amer. Exp. Discover Master Card VISA

Card Number (Please print clearly) Expiration Date 3-4 Digit Security Code

Name of Person/Company on Card Billing Zip Code

Please list account/invoice #'s:

Total Amount of Transaction: \$ _____

How would you like us to send your receipt? mailed emailed faxed (Mark One Please)

Email address: _____

Printed name of person authorizing this payment Phone

Company Name Fax

Date