

Advance Payroll Funding Credit Card Payment Form



SERVICE INFORMATION

Provided by (Agency): _____

CLIENT INFORMATION

Company/Name: _____

Email address (or fax/physical address) to send RECEIPT:

CARDHOLDER INFORMATION (Visa Mastercard AmEx)

Name(as it appears on card): _____

Relationship to Client (title): _____

Billing address: _____

Telephone #: (_____) _____

Card number: _____ Exp. Date: _____ / _____

Three digit security code on back (AmEx is four digits): _____

By signing below I hereby authorize Advance Payroll Funding to process payment to the above stated credit card for a one time charge, listed below.

Cardholder Signature: _____ Date: _____

REMITTANCE INFORMATION

Invoice #: _____ Amount: _____

Invoice #: _____ Amount: _____

Invoice #: _____ Amount: _____

Invoice #: _____ Amount: _____

Invoice #: _____ Amount: _____

Invoice #: _____ Amount: _____

GRAND TOTAL (amount to be charged): _____

****ALL CHARGE REQUESTS MUST BE COMPLETED IN FULL AND FAXED TO 888-512-7337 OR THEY WILL NOT BE PROCESSED****

****RECEIPTS WILL BE SENT WITHIN 48HRS****

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