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Credit Card Processing Form

FOR OFFICE USE ONLY:
ACCT ID:

SALES REP: _____

Floorcovering Carpet Cleaning / Restoration

Today's Date:			
Card Number:			
Expiration:			
3 Digit Code:			
Name on Card:			
Address:	(Street)	(City/State)	(Zip)
Phone #:			
Quote(s) #			
	en signature. I hereby auth	at my electronic signature is tl norize PG Long LLC to charge I	
Signature:			