

APCT INTERNAL USE

Customer Company Name	
Sales Order #	
Other Notes	
CSR	
Transaction Sale Amount	

Note: Sales over \$3000 are subject to a 3% fee

BILLING INFORMATION

Name on Card	
Address Line 1	
Address Line 2	
City	
State	
Country	
Zip or Country Code	
Phone	
Email Receipt To	

CARD INFORMATION

Card Type	
Card Number	
Expiration Month	
Expiration Year	
CSC	

OPTIONAL INFORMATION

Ship To Company	
Address Line 1	
Address Line 2	
City	
State	
Country	
Zip or Country Code	
Attention Name	
Phone	

Please sign and date before returning form to APCT

Signature: _____ Date: _____