



1642 Westwood Blvd. Suite 200A Los Angeles, Ca. 90024
Tel 310.475.9922 Fax 310.475.9901

Payment Form

Date to Run Payment: _____

Client Name: _____

Payment Method:

_____ Visa

_____ Master Card

_____ American Express

_____ Discover

Credit Evaluation Fee: _____

C/C Approval Code# _____

Check# _____

(If payment arrangements, please specify dates of scheduled payments)

30 60 90 Day Program: _____ (choose payment program)

Start Date: _____

End Date: _____

Amount: _____

Account Number: _____

Expiration Date: _____

Billing address to Payment Method:

City: _____

State: _____

Zip Code: _____

_____ Received Approval to Process via Telephone

From: _____ Taken By: _____

_____ Payment taken in Person with signature of client:

X _____

Date: _____