



400 Church Street • Swanton, OH 43558-1199
800.446.2341 • FAX 419.825.1523 • www.scottdel.com

Credit Card Payment Form

Customer Name: _____

City / State: _____

Accounts Payable Contact: _____

Name on Card: _____

Visa Master Card American Express Discover

Credit Card No: _____

Expiration Date: _____

Invoice No: _____

Invoice Amount: _____

Discounts: _____ Terms: 2% 15 Days or Net 30 Days

Total Charge Amount: _____

Authorization Signature: _____

Complete this form and FAX to 419- 825-1523

Attention: Jeanie Bland / Credit Manager
jeanie@scottdel.com