**CREDIT CARD PAYMENT REQUEST**



**Executive Office:**

9445 SW 40th St.

2nd Floor

Miami, FL 33165

(800) 458-6659

(305) 262-3105

(305) 262-3859-FAX

**Tampa Distribution Center:**

603 N. 19th St.

Tampa, FL 33605

(813) 247-2094

(813) 248-2821-FAX

**Houston Distribution Center:**

6247 Navigation

Houston, TX 77011

(713) 861-4203

(713) 861-4280-FAX

Email:

[Sales@elitesalesinc.com](mailto:Sales@elitesalesinc.com)

Website:

[www.elitesalesinc.com](http://www.elitesalesinc.com)

**Cardholder Name:**

**Card Type:** Visa  **\_\_\_\_\_**

Master Card **\_\_\_\_\_**

American Express  **\_\_\_\_\_**

**Credit Card Number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Identification Number**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(3-Digit number on the back of your credit card: or if American Express, 4-digit Number on the front of the card)

**Billing Address:** (This address MUST match your credit card billing address)

**Amount of Charge: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature:**

**Printed Name:**