



You may also now pay your invoice at www.hibcc.org

CREDIT CARD CHARGE INFORMATION

DATE: _____

TIME CALLED IN: _____

COMPANY NAME: _____

CUSTOMER ID #: _____

PERSON GIVING INFO: _____

CARDHOLDER'S NAME: _____

ADDRESS FOR CARD: _____

CITY, STATE, & ZIP: _____

PHONE #: _____ WANT EMAIL CONF ? Y/N

EMAIL: _____

CARD TYPE: Amex / Discover / Mastercard / Visa

CARD NUMBER: _____

EXP DATE: _____ CVC/CID CODE: _____

(4 digits on front for Amex, 3 digits on back for others)

AMT CHARGED: \$ _____ INVOICE #(s): _____

Keep Info on File & Use for Payment of Future Invoices? YES / NO

OK to Automatically Charge Card 1-2 Weeks After Invoice is Sent to you? YES / NO

This form may be submitted by fax, email, phone, or mail to the address below:

Health Industry Business Communications Council
2525 E. Arizona Biltmore Circle, #127 • Phoenix, AZ 85016 • www.hibcc.org

Ph: 602-381-1091 Fax: 602-381-1093 Email: accounting@hibcc.org