



Commercial Furniture Resource

355 West Dewey Avenue
Wharton, NJ 07885

To: _____

From: _____

Credit Card Requisition Form

Please fax completed form to 973-442-1477, Attn: A/R Accountant

Please run the following:

In the sum of: \$ _____

Customer Name: _____

Customer Number: _____

Type of Card (circle one): MasterCard Visa American Express

Name on Credit Card: _____

Billing Address for Card: _____

City, State, and Zip Code: _____

Card Number: _____

CVV Code: _____

Expiration Date: _____

Signature of Person Requesting Charge: _____

Date of Request: _____

Please apply payment to the following invoices:

Invoice Number:	Amount:	Invoice Number:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: This form is to be completed by all customers who wish to have CFR, Inc process a customers' credit card for payment of specific invoices.