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Credit Card Payment Form

AMEX VISA M/C DISCOVER E-CHECK

Purchase Order Number: _____
(if required)

Company: _____

Name on Card: _____

Phone Number: _____

Email address to send receipt to: _____

Card Number: _____

Expiration Date: _____

CCV (code from back) _____

Billing address of card _____
(Street # & Zip Code) _____

Amount authorized to charge: \$\$ _____

Signature: _____

Notes/Comments: _____
