



1424 Somerset Ave.
Dighton, MA 02715
(508) 669-6354
Fax: (508) 669-6143

Credit Card Charge Form

Company Name

Address

Address

City State Zip

Cardholder Name and Address must be Exactly as listed on the Customer Bill

Cardholder

Address

Address

City State Zip

Account Number

Expiration Date /

Amount

Signature

For Office use only

Authorization #

Please fax this form to 508 669-6143