



Advance Payroll Funding Credit Card Payment Form

Service Information

Provided by: _____

Location/address: _____

Client Information

Name: _____

Customer ID #: _____

Preferred method for receipt (circle): FAX EMAIL PHYSICAL ADDRESS

EMAIL, FAX OR ADDRESS _____

Cardholder Information

Name(as it appears on card): _____

Relationship to Client(title): _____

Billing address: _____

Telephone #: _____

Credit Card Information

Type (circle): VISA MASTERCARD AMEX

By signing below I hereby authorize Advance Payroll Funding to process payment to the above stated credit card for a one time charge, listed below.

Cardholder Signature: _____

Expiration date: _____

Three digit security code (on back): _____

Card number: _____

Date: _____

Remittance Information

Inv #: _____ Amount: _____

Inv #: _____ Amount: _____

Inv #: _____ Amount: _____

Inv #: _____ Amount: _____

Inv #: _____ Amount: _____

Inv #: _____ Amount: _____

Grand Total (amount to be charged): _____

*****ALL CHARGE REQUESTS MUST BE COMPLETED IN FULL AND EMAILED TO
CASH@ADVANCEPAYROLL.COM OR FAXED TO 216-831-8819 ATTN: AR RESEARCH OR
ELSE THEY WILL NOT BE PROCESSED*****

*****RECEIPTS WILL BE SENT WITHIN 48HRS*****

AR USE ONLY:

AUTHORIZATION # _____

BATCH # _____