



BookMasters, Inc.

30 Amberwood Parkway, P.O. Box 388, Ashland, Ohio 44805
800-537-6727 419-281-5100 Fax: 419-281-0200
info@bookmasters.com www.bookmasters.com

Credit Card Payment Request

Current date: _____

Payment Information

BMI invoice number: _____ Amount to be charged: _____

Cardholder Signature: _____

Credit Card Information

Select your credit card type from the drop box: _____

Card number: _____ Expiration date: _____

Three digit verification number: _____ (last three digits on back of the card)

Name on card: _____ Address same as below? _____

Statement address of cardholder: _____

Customer Information

Customer name: _____

Customer address: _____

City/ State/ Zip: _____

E-mail address: _____

Phone number: _____

BMI account number: _____

For Internal Use Only

Sales Exec/CSR: _____

BMI Authorization _____

Lost Cash Discount: _____

*Date and Customer Name whom
authorized charge:* _____