



BookMasters, Inc.

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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 to be used:

_____ Visa

_____ Mastercard

_____ Discover

_____ American Express

Card number: _____ Expiration date: _____

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

Name on card: _____

Address same as below? _____ Yes _____ No

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: _____