



Credit Card Payment

Holiday Wholesale, Inc. Box 177 Wisconsin Dells, WI 53965
Phone: (608) 254-8321 Fax: (608) 254-8003

This form is an agreement between Holiday Wholesale & _____
for the payment of invoices via charge card.
All Charges will be processed on day of delivery.
Any questions or concerns should be directed to Jen Rasmussen @ extension 132.

CUSTOMER'S ACCOUNT #:

CREDIT CARD PAYMENT
START DATE:

NAME OF BUSINESS:

CONTACT PERSON:

CREDIT CARD BILLING
ADDRESS:

CITY / STATE / ZIP+4:

TELEPHONE #:

CREDIT CARD #:

EXPIRATION DATE:

SECURITY CODE:

CORPORATE CUSTOMER
CODE:

Print Authorized Customer Name

Authorized Customer Signature

Date