

Jmish Mills, LLC
8 River Drive, Cartersville, GA 30120
Tel. 678-605-9191

RETURN BY FAX → → → Fax 678-605-9199

Credit Card Authorization to pay non-factored invoice

Date:

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Customer Name:

FAX /EMAIL:

Invoice number:

Jmish Mills acct no:

****All portions on this form must be completed to insure proper processing****

PLEASE PRINT CLEARLY

Cardholder name _____

Card Billing
Address _____

City, State, and Zip _____

Order/ Invoice Amount(s) _____

Prepaid Freight (PPA orders only) _____

Credit Card surcharge _____ (1.0%)

Total charge _____ **USD**

Card Holder Signature _____

The above signature gives Jmish Mills, LLC the right to charge the above credit card for the amount stated.

Credit Card Number _____

Circle One: Master Card/ Visa/ Discover/ Amex

Expiration Date (mm/yy) _____

Security number (3 or 4 digit number) _____