

## CREDIT CARD PAYMENT FORM



### CREDIT CARD INFORMATION

Customer Name:	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card Number:	Expiration Date:
Name as it appears on Credit Card:	CVC2 Code:
Payment Amount (USD):	
Signature:	Date:

### CREDIT CARD BILLING ADDRESS

Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:	Fax Number:	

*All information must be provided and returned to GreenSweep LLC.  
Credit card payments exceeding \$500.00 will be subject to a 3% transaction fee.*



www.greensweepllc.com | info@greensweepllc.com  
P.O. Box 2225, Silver Spring, MD 20915 | 301-588-1616