

# Credit Card Payment Form



## Doran Mfg Corp

www.CollarStays.com  
6261 Powers Ave  
Jacksonville, FL 32217  
904-731-3313 Fax 904-730-3905  
DoranMfg@hotmail.com

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Card:           Mastercard    Visa    Amex    Discover

Credit Card#: \_\_\_\_\_

Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Signature: \_\_\_\_\_

(By signing this I am agreeing to all charges and will not dispute the charges)

Fax To:                   904-730-3905

-or-

Email to:               DoranMfg@Hotmail.com