

Payment Information

Account Name: _____

Payment Method: ☐ Credit Card ☐ Net 30 ☐ CheckTax Exempt: ☐ Yes ☐ No Tax Exempt Number: _____**Credit Card Information**

Card Holder Name: _____

Card Billing Address: _____

City: _____

State: _____

Zip Code: _____

Billing Telephone #: _____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express

Credit Card Number: _____

Expiration Date: _____ / _____

CSV: _____

Please email directly to DPNCheck Customer Service at customerservice@dpncheck.com**This original document is for the customer only and should not be provided to DPNCheck Personnel other than via email to Customer Service.**