



714 Fairview Road - Greer, SC 29651
P O Box 2124 - Greer, SC 29651

t - 864-334-4500
f - 864-334-4545

CREDIT CARD TRANSACTION

NAME ON CARD _____

EMAIL FOR RECEIPT _____

BILL TO ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____



SHIPPING ADDRESS _____

CITY, STATE, ZIP _____

PAYMENT AMOUNT AND ALLOCATION

CUSTOMER	INVOICE #	AMOUNT \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
	3% Fee Charge	_____
	TOTAL PAYMENT	\$ _____

PAYMENT AUTHORIZATION

___ **Master Card** ___ **Visa** ___ **American Express** ___ **Discover**

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

AUTHORIZED SIGNATURE _____ DATE _____

I herby authorize Renaissance to accept the indicated credit card for payment of the above referenced purchase order(s) and/or open invoice(s).