

Payment Order Form

Order Number: _____

Customer Name: _____

Invoice Number: _____

Payment Method:

Credit Card Debit Card Bank Transfer PayPal Cash Check

Amount to be Paid: _____

Billing Address:

Street: _____ City: _____

State: _____ Zip Code: _____

Payment Authorization:

Authorized Person	Payment Date	Amount Paid	Notes

Signature of Authorizer: _____ Date: _____