



## CREDIT CARD PAYMENT FORM

### BILLING INFORMATION

**Company/Agency:**

**Name:**

**Address:**

**Email:**

**Phone:**

*GovSmart does not accept credit card information electronically. Please complete this form and we will call the contact listed in this section to collect the credit card information.*

### SHIPPING INFORMATION (if different than billing)

**Company/Agency:**

**PO/Reference Number:**

**Name:**

**Address:**

**Email:**

**Phone:**

**For GovSmart use only**

**Estimate:**

**Rep initials:**

**Date:**