

INVOICE INFORMATION

The Hartley Press Invoice # _____

For Amount (\$) _____

Copy Enclosed

CARDHOLDER (GUARANTOR) INFORMATION

VISA MASTERCARD AMERICAN EXPRESS

Cardholder Name: _____

Credit Card # _____ Security Code _____ Expiration Date _____ / _____ / _____

Billing Address _____

City _____ State _____ Zip _____

Approval By (Cardholder's Signature) _____ Date _____ / _____ / _____

Return this form to :

Fax: (904) 858-6895

Email: accounting@thehartleypress.com

Thank you for your business!