SPECTRA
HOME

SPECTRA HOME CREDIT CARD PAYMENT FORM

CUSTOMER & INVOICE INFORMATION

CUSTOMER NAME

DATE

ADDRESS

PHONE / EMAIL

INVOICE NUMBER

INSTRUCTIONS

Complete this form with credit card billing information and sign where indicated.
When complete, submit this form to Spectra Home by fax at 336-885-6004 or email it to ATTN: Accounts Receivable at Janet.stinson@spectrahomefurnture.com. Include "Credit Card Payment" in the subject line.

NOTE: At this time we only accept Visa and MasterCard.

CREDIT CARD AUTHORIZATION

☐ **Checking this box gives Spectra Home permission to retain your credit card on file.**

TYPE OF CREDIT CARD ☐ Visa ☐ MasterCard

NAME ON CREDIT CARD

CREDIT CARD NUMBER

EXPIRATION DATE

CVV CODE

SIGNATURE

DATE

FOR INTERNAL USE

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES