



**choice**  
solutions

Accepted Credit Cards:  Visa  MasterCard  Discover  American Express

Date of Payment: \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Total Charge to Card: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV/Security Code on Card: \_\_\_\_\_

Billing Name, Address and Zip Code of Card Holder:

Name of Card Holder: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City, ST & Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

We will return a copy of your receipt. Thank you for the opportunity to be of service.

Sincerely,

Choice Solutions Group  
PO Box 8309  
Elkridge MD 21075-9998  
[Accounting@choicesg.com](mailto:Accounting@choicesg.com)  
[www.choicesg.com](http://www.choicesg.com)