



The Govmark Organization, Inc.
96 Allen Boulevard, Suite D
Farmingdale, NY 11735-5626 – U.S.A.
Tel. +1 631 293 8944 Fax: +1 631 293 8956
Testing Division e-mail: info@govmark.com
web: www.govmark.com

CREDIT CARD PAYMENT FORM

For: Testing Services

PERSON'S NAME	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
COMPANY NAME	
COMPANY ADDRESS	
TYPE OF CREDIT CARD	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS * <input type="checkbox"/> DISCOVER CARD *
CREDIT CARD ACCOUNT NUMBER	
V-CODE	
EXPIRATION DATE	
NAME AS IT APPEARS ON THE CREDIT CARD	
CREDIT CARD BILLING ADDRESS	

FOR INVOICING PURPOSES PLEASE COMPLETE THE FOLLOWING:

(1) Person, company, telephone, fax, and address to be used on our Invoice	
(2) Person, company, and address to whom we should mail the invoice and the credit card transaction confirmation slip.	

SPECIAL INSTRUCTIONS:

** We prefer not to accept American Express or Discover Card.*