

CUSTOMER RECEIPT/NEW CUSTOMER

Contact Name: _____

Company Name: _____

Street Address #1: _____

Street Address #2: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Cell Phone: _____

e-mail: _____

Customer Type: _____

Customer Number: _____

Amount Received: _____ Date: _____

Description of Work: _____

Received by: _____

NAS(scott) myfiles/mydocuments/forms/fl-22.doc

If Credit Card Payment:

Name on Card: _____ Type of Card: _____

Billing Address of Card: _____ Zip: _____

Card #: _____ Exp Date: _____

CID # _____ (3 digit number off back of card)

NOTE: The bottom portion of this form is not saved and must be shredded after successfully payment processing.