



## Credit Card Purchases Agreement Sheet

Date of purchase     \_\_\_\_\_ /     /     \_\_\_\_\_

Cardholder name     \_\_\_\_\_

Type of card            \_\_\_\_\_ Visa or Mastercard or American Express

Expiration date        \_\_\_\_\_

Account number        \_\_\_\_\_

Signature                \_\_\_\_\_

We would like for you if possible to send a copy of your card to confirm the above information and to keep on file for future purchases. Please fax with above agreement sheet to 502-361-3946 ATTN: Amy Tracy.

Thank you