



ACDS Credit Card Transaction Form

Please complete this form and submit to ACDS. Within 24 hours of receiving this form, ACDS will process the transaction. Once the transaction has been processed, this form containing card information will be destroyed. Information obtained from this form will not be saved.

Payment Amount:	
Credit Card Type:	
Credit Card Number:	
Card Verification Code*:	
Expiration Date:	
Card Holder Name:	
Card Holder Phone Number:	
Billing Address:	

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: _____

**For Discover, MasterCard or Visa, this three-digit number is found on the back of the card. The full credit card number is reprinted in the signature box and at the end of the number is the Verification Code. For American Express, this four-digit number is found on the front of the card above the credit card number on either the right or the left side of your American Express credit card.*



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