

Minitex Credit Card Transaction Report

(bold text indicates a required field)

NAME (as stated on card) _____

FAX NUMBER _____ **PHONE NUMBER** _____

EMAIL ADDRESS _____

INSTITUTION NAME (if different than card holder) _____

BILLING ADDRESS
(institution name, complete address,
include country) _____

CARD TYPE (circle one) Visa MasterCard **CARD EXPIRATION DATE** (month / year) _____ / _____

CARD ACCOUNT NUMBER _____

CARD V2 CODE / V2 MATCH NUMBER _____ **DATE OF SERVICE** _____
(3 or 4 digit number located on the back of
the card in the signature area, after account number)

MINITEX INVOICE THAT THIS PAYMENT SHOULD BE APPLIED TO: _____

DESCRIPTION OF SERVICE _____

DOLLAR AMOUNT TO BE APPLIED TOWARD CARD \$ _____

NOTES _____

PLEASE FAX THIS FORM TO OUR SECURE FAX LINE AT 612-626-5380