



Accounting Department
 5320 Marinelli Road, Rockville MD 20852
 Email: Accounting@viable.net
 Fax: (301) 230-1780
 www.viable.net

Credit Card Remittance Form

(Rev. 01/12/09)

Personal/Company Information

Name		Date submitted
Email Address	Telephone Number	Fax Number

Billing Information

Street Address		
City	State	Zip Code (5 or 9 digits)
Payment Description		

Credit Card Information

Name of Cardholder		
Type of Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		
Card Account Number		
Expiration Date (mm/yy)	Card Verification Number (3 digits - CVN)	Amount to be charged

Cardholder Signature: _____ **Date:** _____

To: Accounting Department --- Fax: (301) 230-1780

**Or, send to Viable Communications, Inc.
 Accounting Department
 5320 Marinelli Road
 Rockville, MD 20852**

Email: Accounting@viable.net

Office Use Only

<input type="checkbox"/> Charged/Accepted <input type="checkbox"/> Declined	Comments:
Date	Accounting Dept.