

GARDEN CITY
CREDIT CARD FORM

All Cards Accepted

Card Type: _____

Card Number: _____

Name on Card: _____

Expiration Date: _____

CVV Code: _____

(3 digit code on back or 4 digit code on front for American Express)

Business Name: _____

Contact Name: _____

Phone Number: _____

Please keep this information on file for future use: YES NO