



TOTAL BUSINESS CARE, LLC

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We accept Visa, Mastercard and American Express -OR- Electronic Check Payments.

DATE: _____

NAME AS IT APPEARS ON CARD/ACCOUNT:

First/Middle/Last Name _____

CURRENT BILLING ADDRESS -OR- ACCOUNT ADDRESS:

Street _____

City/Zip _____

CURRENT PHONE NUMBER: _____

FOR CREDIT CARD PAYMENTS ONE TIME CHARGE

CREDIT CARD TYPE:

Visa

MasterCard

American Express

CREDIT CARD NUMBER: _____

SECURITY CODE: _____

CREDIT CARD EXPIRATION DATE: _____

FOR E-CHECK PAYMENTS ONE TIME CHARGE

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT TYPE: Checking

Savings

ACCOUNT NUMBER: _____

AUTHORIZED SIGNATURE _____ DATE _____