

Oklahoma Health Professionals Program, Inc.
313 N. E. 50th ST., Oklahoma City, Oklahoma 73105
405-601-2536 405-605-0394(fax)

Credit Card Transaction Form

Invoice

Description

Payment/Authorization Information (complete the following information)

Visa, Mastercard, American Express, Discover

Card Number

Expiration Date

Amount

Card Code (last 3 digits on back of card)

Customer Credit Card Billing Information

First Name

Last Name

Company (if using a company card)

Address (credit card billing address)

City

State/Zip

Phone

Signature _____

Date _____

OHPP Staff _____