



Credit Card Information Sheet

Questions or Concerns? Call or email Cynthia Moncrief at (530) 365-2525 or cmoncrief@duracrane.com

Customer/Company: _____

Type of Card: _____

Card #: _____

Exp Date: Month _____ Year _____ CVV (3 or 4 digit code) _____

Name on Card:

1ST Line _____

2ND Line _____

Billing Address:

Street (PO BOX) _____

City _____ Zip _____ State _____

Amount: _____

Zip: _____

Email or Fax for Receipt: _____

**credit card fee of 4%*

Please submit the completed form to the following contact information:

Email: info@duracrane.com

Fax: (530) 365-5433

Phone: (530) 365-2525

Internal Use Only

Project/Location: _____

Quote/Bid Amount: _____
