

copyDR

Accounts Receivable

If you need copies of any invoices, please **fax this form to 713-979-2635**, or email **office@copydr.com**. You may call Trang Nguyen at 713-661-9100 with any invoice questions.

Account Name _____ Contact _____

Phone _____ Fax _____

Request Copies of invoices # _____

Pay account by one time credit card (Please complete bottom portion).

Please keep my credit card on file and charge my invoices on the 1st of each month. Mail my statement with my receipt attached.

I authorize **copyDR** to charge the following amount to the credit card listed below:

Job/Account Name _____

Amount _____ Date _____

Name on Card _____

Account Number _____

Expiration Date on Card _____ CVV Code _____

Billing Address _____

Billing Zip Code _____

Authorized Signature _____ Date _____

Printed Name _____

***Please fax this form to 713-979-2635**