

Point of Sale

Required fields Optional fields

Order Information

Order number:

Purchase Order number:

Subtotal:



Shipping Amount:

Tax: Tax Exempt

VAT(for international orders):

Total Amount: (tax /vat /shipping included)

Pay by: Credit Card

Supported card types:  

Transaction origin: Select one ...

Transaction type: Sale

Are you swiping the card? Yes

Credit card number:

Expiration date: 01 / 2004

Card Code: Code not on card

Customer Contact Information

Customer ID Number:

Customer name:

Billing company:

Billing street address:

City:

State: ... or Province:

Country: United States

Zip/Postal Code:

Phone:

Fax:

Email:

Shipping

Copy billing address? Yes

Shipping Type:

Ship to this person:

Shipping street address:

City:

State: ... or Province:

Country:

Zip/Postal Code:

Make recurring (for Credit Card Sale Transactions ONLY)

Make recurring? Yes

Bill the customer: every ...

Start on: 07 / 28 / 2004

End after: payments

Retry transaction times (if the transaction fails) before notifying me.

Comments

Comments: