



5 Pitch Pine Drive
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Phone 207.729.6840
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info@gcdspa.com

Fax Payment

Please use this form to fax payment information to us ONLY after contacting us to discuss details of your order. We will provide you with a Reference Number and Total.

Order Reference #:

Contact Name:

Order Total:

Payment Information

Name on card		
Billing Address		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Telephone #		
E-mail Address		
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx		
Card Number:		
Expiration Date:	Card Verification #:	

Thank you for your business!