ULTIMO PAYMENT

CUSTOMER RECEIPT COPY
ORDER NO :
DATE :

DESCRIPTION	QTY	AMOUNT	TOTAL

TOTAL

AMOUNT TENDERED
MASTER
    ACCT :
    EXP : ********
    CARD HOLDER NAME :

TOTAL PAYMENT

CARD HOLDER SIGNATURE

THANK YOU FOR SHOPPING WITH US
WE APPRECIATE YOUR BUSINESS

VISIT PAYMENT.ULTIMOPAY.IO