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MERCHANT COPY

DATE:

TIME:

RECEIPT NO:

TERMINAL ID:

CARD TYPE:

CARD NUMBER:

EXPIRY DATE:

AUTH CODE:

TRANS. TYPE:

DESCRIPTION **AMOUNT**

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SUBTOTAL:

TAX:

TIP / GRATUITY:

TOTAL:

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARDHOLDER AGREEMENT.

CARDHOLDER SIGNATURE

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THANK YOU FOR YOUR BUSINESS