
CHARGE RECEIPT

DATE:

TIME:

RECEIPT #:

TERMINAL ID:

CARD TYPE:

CARD NUMBER:

ENTRY METHOD:

AUTH CODE:

TRANSACTION ID:

DESCRIPTION	AMOUNT
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SUBTOTAL:

TAX:

TIP:

TOTAL:

CARDHOLDER SIGNATURE

AGREED TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

THANK YOU