Push Patch Billing Info Form

We accept credit card and ACH payments

CREDIT CARD INFORMATION

All Credit Cards are charged a 3% Convenience Fee

FIRST NAME: _____

LAST NAME: _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CREDIT CARD NUMBER: _____

EXPERATION DATE: _____

SECURITY CODE: _____

CARD TYPE:

☐ VISA ☐ MASTERCARD ☐ AMEX

CREDIT CARD AUTHORIZATION SIGNATURE:

_____

ACH TRANSFER INFORMATION

FIRST NAME: _____

LAST NAME: _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

BANK NAME: _____

ABA ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE:

☐ BUSINESS. ☐ PERSONAL ☐ SAVINGS

ACH TRANSFER SIGNATURE:

_____

Jurisdiction Notice:
All purchases are governed by the laws of the State of Ohio. Any disputes arising from this order shall be resolved exclusively in the courts of Franklin County, Ohio. By placing this order, the purchaser agrees to this jurisdiction.