



## CHARGE CARD / ACCOUNT PURCHASE FORM

*First Baptist Church of District Heights*

Charge to Ministry/Event: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account #/invoice # \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL AMOUNT to be charged: \_\_\_\_\_

Purpose: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Approved by: \_\_\_\_\_