



**Walmart Payment Form**  
**Fax Completed Form to: 866-583-5335**  
**Or Email to: [jillian@gordonmarketing.com](mailto:jillian@gordonmarketing.com)**

Date: \_\_\_\_\_ Store Number: \_\_\_\_\_

**FULL NAME** \_\_\_\_\_

Email: \_\_\_\_\_

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

Amount To Be Charged \$ \_\_\_\_\_

Credit Card Information

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**\*ALL PURCHASES ARE NON-REFUNDABLE\***

Revised 04/07/2022