

CREDIT CARD CERTIFICATION

I certify that I have received the services or materials billed on the Georgia Wing Credit card for the month of:

Statement Month

Date

Cardholder Name (please print)

Cardholder Signature

Please number your receipts to match the numbers on this list.

ACCOUNT	PURPOSE	AMOUNT
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

TOTAL CHARGES _____