

CC MASK TESTING
535 Harrison Avenue
Panama City, Florida USA 32401
800.232.1626

DATE.....: 5/10/10 17:07

GUEST NAME.....: ADAMS, ALEXANDER
FOLIO NO.....: 0001045
INVOICE.....: 000383
ROOM NUMBER.....: 205
EMPLOYEE.....: BLJ

CARD TYPE.....: VISA PAYMENT
ACCOUNT NUMBER.: XXXXXXXXXXXXXXX1111
EXP DATE.....: XX/XX
NAME ON CARD...: FDSA

A P P R O V E D

Authorization OK238C
Transaction Id Z17073113831023
Validation MonV
Response Code 23
Mode Code A0

AUTHORIZATION...: OK238C

TOTAL AMOUNT...: 178.08

THE ABOVE TOTAL HAS BEEN CHARGED
TO YOUR CREDIT CARD

x _____
I agree to pay above total amount
according to card issuer agreement.