

SOUTH MARKET CUSTOMER PAYMENT SLIP	
Date:	
Amount to be Paid by Customer:	
Payment Option:	<input type="checkbox"/> LINX or Debit Card with LINX Logo <input type="checkbox"/> Visa Debit Card without LINX Logo <input type="checkbox"/> Credit Card
Business Name:	
Business Rep. Signature or Business Stamp:	
Transacted & Entered by:	<i>For Official Use:</i>

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