

- 1 Payment Type
- 2 Customer Info
- 3 Payment
- 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1		\$30.00	1	\$30.00
Total				\$30.00

Payment

Payment Type

Payment Type *

Select One

Next >

Customer Information

Payment Information

Cancel

Transaction Summary

	\$30.00
TOTAL	\$30.00

Need Help?

Select Payment Method and Continue to proceed with payment.



Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1		\$30.00	1	\$30.00
Total				\$30.00

Transaction Summary

	\$30.00
TOTAL	\$30.00

Payment

Payment Type

[Edit](#)

Credit/Debit Card

Customer Information

[Edit](#)

Address

James Noble
8900 N. Kendall Drive
Miami, FL 33176

Phone Number

7866624886

Country

United States

Email Address

JamesN@baptisthealth.net

Payment Information

[Edit](#)

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.



JIMMY PATRONIS FLORIDA'S CHIEF FINANCIAL OFFICER

Your payment was successfully processed.

Print

Transaction Summary

Receipt Confirmation

Description	Amount
	\$30.00
Total Amount Paid	\$30.00

Customer Information

Customer Name James Noble
Local Reference ID B08026173

Receipt Date 12/8/2022
Receipt Time 01:46:11 PM EST

Payment Information

Payment Type Credit Card
Credit Card Type VISA

Credit Card Number *****6368
Order ID 27234800

Account Holder Information

Billing Address 8900 N. Kendall Drive
Billing City, State Miami, FL
ZIP/Postal Code 33176

Phone Number 7866624886

This receipt has been emailed to the address below.



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