



CREDIT CARD PAYMENT FORM

<i>CREDIT CARD INFORMATION</i>	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express*
Credit Card Number	
Expiration Date	
Card Code	
<i>CUSTOMER CONTACT INFORMATION</i>	
Name as it Appears on Card	
Billing Company	
Billing Street Address (MUST INCLUDE ZIP CODE)	
Country	
Phone	
E-mail of Card Holder	

FOR INVOICING PURPOSES, PLEASE COMPLETE THE FOLLOWING IF DIFFERENT FROM ABOVE:

(1) Person, company, telephone, fax, and address to be used on our Invoice.	
(2) Person, company, and address to whom we should mail the invoice and credit card receipt.	

* We prefer not to accept American Express.

Note: We no longer accept Discover Card.