**CREDIT CARD PAYMENT FORM**

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| ***CREDIT CARD INFORMATION*** | |
| **Card Type** | **Visa**  **MasterCard**  **American Express**\* |
| **Credit Card Number** |  |
| **Expiration Date** |  |
| **Card Code** |  |
| ***CUSTOMER CONTACT INFORMATION*** | |
| **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:

|  |  |
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| **(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.