

CREDIT CARD PAYMENT

TO PAY BY CREDIT CARD FILL OUT THE FOLLOWING INFORMATION

CUSTOMER NAME: _____

PART A

CARD NUMBER																				
EXPIRATION DATE	MO			YEAR					Amount (US Dollars) \$											
TYPE OF CARD	VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>																			
ACCOUNT HOLDER NAME																				
BILLING ADDRESS 1																				
BILLING ADDRESS 2																				
CITY																				
STATE/ZIP CODE									SIGNATURE											
COUNTRY																				

NO CHARGE BACKS OR REFUNDS
ALL SALES FINAL

PART B

IF THE CUSTOMER NAME DOES NOT MATCH THE ACCOUNT HOLDER NAME, THIS FORM MUST BE NOTARIZED.

NOTARY

Subscribed and sworn before me by the above credit card account holder, this _____ day of _____, of the year _____.

Signature of Notary: _____

(SEAL)

Expiration Date of Commission: _____