



CREDIT CARD PAYMENT FORM

(Please complete this form and fax it back to us at 1-866-578-9733)

1. Customer Information

Company Name: _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Name of Attendee: _____

Comments: _____

2. Credit Card Information

Type of Credit Card:  /  _____

Credit Card Number: _____

Expiry Date: _____ (Month / Year)

Name on the card: _____

Address: _____

Signature: _____