



CREDIT CARD PAYMENT FORM



COMPANY NAME _____ DATE _____

CONTACT NAME _____

PAYMENT FOR

- AWFS® Fair Booth Payment Amount: \$ _____
 - AWFS® Membership Payment - 2016 Dues Amount: \$ _____
 - AWFS® Membership Payment - 2017 Dues Amount: \$ _____
 - Other: _____ Amount: \$ _____
- TOTAL: \$ _____

PAYMENT DETAILS

- This Payment Only
- Charge automatically when any balances become due

CREDIT CARD INFORMATION

- MasterCard
- Visa
- Discover
- American Express

Credit Card Number _____ Exp Date: _____

Cardholder Name: _____

Phone: _____ email: _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Cardholders Signature: _____ Date: _____

I hereby authorize AWFS® to charge my credit card for the amount indicated

FAX (323) 838-9443

EMAIL angela@awfs.org

MAIL AWFS, 2400 E Katella Ave, Suite 340, Anaheim, CA 92806

Questions? Call Angela Hernandez at (800) 946-AWFS (2937)

(AWFS® office use only)

Accounting	Actual Amount	Date Processed	Approval #
_____ Dept. Initials	_____ Processed	_____	_____