



# CREDIT CARD PAYMENT FORM



COMPANY NAME \_\_\_\_\_

### PAYMENT FOR

- AWFS® Fair Booth Payment (percentages based on dates) Amount: \$ \_\_\_\_\_
  - AWFS® Membership Payment - 2018 Dues Amount: \$ \_\_\_\_\_  
*(Membership is due in full, and is not on a percentage basis like booth space)*
  - AWFS® Membership Payment - 2019 Dues Amount: \$ \_\_\_\_\_  
*(Membership is due in full, and is not on a percentage basis like booth space)*
  - OTHER: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
*(SWM membership, sponsorship/signage, education, donations, etc.)*
- TOTAL:** \$ \_\_\_\_\_

*\*Charge will appear on statements from "Association of Woodworking & Furnishing Suppliers"*

### 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: \_\_\_\_\_

*Receipt will be emailed to this email address*

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](mailto: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 Dept. Initials _____	Date Processed _____	Actual Amount Processed _____
		Approval # _____