



CREDIT CARD PAYMENT FORM



COMPANY NAME _____ DATE _____

CONTACT NAME _____

PAYMENT FOR

AWFS Fair Booth Payment Amount: \$ _____

AWFS Membership Payment Amount: \$ _____

Other: _____ Amount: \$ _____

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)

_____ Tradeshow Dept. Initials _____ Accounting Dept. Initials _____ Declined Code/Reason

_____ Date Received _____ Date Processed _____ Re-Submit Date

_____ Amount to be charged _____ Actual Amount Processed _____ Re-Submit Approval #

_____ Updated Sales Spreadsheet _____ Approval #