



8405 NW 29th St., Doral, Florida 33122
Toll Free: 877-470-8013 / Facsimile: 305-470-8016

CREDIT CARD PAYMENTS

This Form Must Be Filled And Returned

Date : _____

Name of Person Calling in Payment : _____

Credit Card Type : Visa Master Card American Express

Name as It Appears on the Card : _____

Credit Card Billing Address : _____

Card # : _____

Expiration Date : _____

Card Security Code : _____

Amount being Charged : _____

For Order # : _____

Comments : _____
