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# VISA / MASTER CARD Payment Form

**Confidential Information**  
(Please Print Clearly)



Name: \_\_\_\_\_ Co. Code: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Date: 

MONTH		DAY		YEAR			

Charge to:  VISA  MASTER CARD

Account # \_\_\_\_\_ Expiry: 

MONTH		YEAR					

Issuing Bank: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature: \_\_\_\_\_

### For CWB Use Only:

Order Processed By: \_\_\_\_\_ Date: 

MONTH		DAY		YEAR			

Authorization #: \_\_\_\_\_ Date: 

MONTH		DAY		YEAR			

Details Of Order: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Confidentiality Note:**

The information in this fax is confidential. It is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient and have received this transmission in error, please notify us immediately or return the original transmission to us. Thank you.