



CREDIT CARD PAYMENT FORM

Name of Cardholder: _____

Billing Address: _____

Credit Card Number _____

Expiration Date ____/____ Security Code _____

I, _____, the cardholder, hereby agree to the following charges to be debited from my card:

\$ _____ USD

In Words: _____

- Annually
- Bi annually

I also enclose my card photocopied for Office Service Center to keep on file.

NOTE: A 5% processing fee will be added to your bill.

Place/Date: _____

Card Holder's Signature: _____