

PAYMENT / CHARGE SHEET

TOTAL CHARGES: \$

PAYMENT METHOD: CASH CHECK

CREDIT CARD ORDER

To help protect your privacy, the following may be telephoned or FAXed:

VISA MasterCard Discover American Express

CARD Nº:	EXP. DATE: /	CODE:
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NAME ON CARD:

BILLING ADDRESS:

TOWN:

STATE / PROVINCE:	ZIP / POSTAL CODE:
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COUNTRY (If not U.S.A. or Canada):
