Malane Newman Design
Phone: 760-789-4583
Fax: 760-789-1465
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CREDIT CARD PAYMENT FORM

INSTRUCTIONS

(1) Print form.
(2) Complete all information.
(3) Fax form to: 760-789-1465

PLEASE PRINT CLEARLY

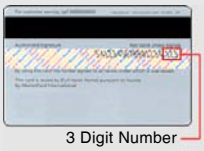
Project Information:

Amount:	$	Payment For:	
Amount:	$	Payment For:	
Amount:	$	Payment For:	
Amount:	$	Payment For:	
Payment Total:	$		

Payment Method - Please enter the following information **exactly** as it appears on your credit card statement:

☐ Master Card ☐ Visa ☐ American Express ☐ Discover Card

Country:
First Name:
Last Name:
Card Number:
Expiration Date: Card Verification Number:


3 Digit Number
Master Card, Visa, Discover

4 Digit Number
American Express

Address 1:
Address (continued):
City: State: Zip:
Email Address:
Home Phone: ( ) -
Office Phone: ( ) -
Cell Phone: ( ) -
Fax Phone: ( ) -

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Signature: _____ Date: _____

Revised: 7-15-05