



Once completed and signed, please fax to 305-694-3133

2401 NW 69 STREET
 MIAMI, FL 33147
 Phone: 305-693-5133

CREDIT CARD PAYMENT FORM
PLEASE PRINT LEGIBLY

DATE: _____

CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

| | |
|--|--|
| YOUR NAME AS IT APPEARS ON THE CREDIT CARD | |
|--|--|

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

BILLING ADDRESS: _____

| INVOICES PAID: | INVOICE AMOUNT: |
|----------------------------------|-----------------|
| | |
| | |
| | |
| INVOICE(s) TOTAL: | \$ - |
| CUSTOMER CONVENIENCE FEE: | \$ - |

PLEASE NOTE THAT A 3% CUSTOMER CONVENIENCE FEE APPLIES ON ALL CREDIT CARD TRANSACTIONS AND WILL BE INCLUDED ON THE TOTAL AMOUNT BELOW.

TOTAL THAT WILL BE CHARGED TO YOUR CREDIT CARD ACCOUNT IS:
 \$ -

AUTHORIZED SIGNATURE: _____

E-MAIL ADDRESS FOR RECEIPT: _____

Your signature on this form acknowledges and authorizes ECU Worldwide to charge your credit card for the total invoice(s) amount shown plus, the processing fee indicated above.

| | |
|-----------------------------|-------------|
| For ECU Worldwide Use only: | |
| Authorization code: _____ | Date: _____ |