CREDIT CARD PAYMENT FORM Customer Information	
Customer #:	
Name:	
Telephone#:	
Fax#:	
Email address:	
Credit Card #	
Visa/MC/AMEX	
Expiration Date	
Secuity Code:	
Payment Information	
Amount Paid	Invoice #
\$ -	Total Amount Charged
	Requested By(WCF Employee):
Notes/Comments	s/Other Requests:

FAX FORM TO: 281-214-8282
OR EMAIL TO: ELUNA@WORLDCOMMFWD.COM