



CREDIT CARD PAYMENT FORM



COMPANY NAME _____

PAYMENT FOR

- AWFS® Fair Booth Payment (percentages based on dates) Amount: \$ _____
 - AWFS® Membership Payment - 2024 Dues Amount: \$ _____
(Membership is due in full, and is not on a percentage basis like booth space)
 - AWFS® Membership Payment - 2025 Dues Amount: \$ _____
(Membership is due in full, and is not on a percentage basis like booth space)
 - OTHER: _____ Amount: \$ _____
(SWM membership, sponsorship/signage, education, donations, etc.)
- TOTAL:** \$ _____

**Charge will appear on statements from "Association of Woodworking & Furnishing Suppliers"*

PAYMENT DETAILS

- This Payment Only
- Charge automatically when any balances become due

CREDIT CARD INFORMATION

- MasterCard
- Visa
- Discover
- American Express

Credit Card Number _____ Exp Date: _____

Cardholder Name: _____

Phone: _____ email: _____
Receipt will be emailed to this email address

Credit Card Billing Address _____

City _____ State _____ Zip _____

Cardholders Signature: _____ Date: _____

I hereby authorize **AWFS®** to charge my credit card for the amount indicated

FAX (323) 838-9443

EMAIL angela@awfs.org

MAIL AWFS, 2400 E Katella Ave, Suite 340, Anaheim, CA 92806

Questions? Call Angela Hernandez at (800) 946-AWFS (2937)

(AWFS® office use only)

Accounting Dept. Initials _____	Date Processed _____	Actual Amount Processed _____	Approval # _____
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