



Credit Card Remittal Form

Name of Company: _____

Company # _____ Country _____ ZIP Code _____

Payment for: _____ Invoice # _____

Dues amount to be charged in US Dollar

Amounts over US\$15,000 must be submitted by wire transfer or check.

Charge to:

- Visa
- Mastercard
- American Express

Card Number:

Expiration Date (Month / Year):

VERY IMPORTANT!

Name on Card: _____

Cardholder Signature _____

Tel: _____

Email Address for receipt _____

Today's Date: _____

THIS FORM MUST BE COMPLETE TO TIMELY PROCESS YOUR PAYMENT!

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