

# US DEPARTMENT OF COMMERCE INTERNATIONAL TRADE ADMINISTRATION

## CREDIT CARD PROCESSING FORM

### TRADE EVENT PRODUCT(S)

Name of EVENT \_\_\_\_\_ Name of PRODUCT \_\_\_\_\_

EVENT # \_\_\_\_\_ VENUE \_\_\_\_\_

DATE \_\_\_\_\_ CONTACT \_\_\_\_\_

## CLIENT INFORMATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

AMOUNT TO BE CHARGED \_\_\_\_\_

METHOD OF PAYMENT: MASTERCARD VISA AMERICAN EXPRESS

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

CARDHOLDER'S E-MAIL \_\_\_\_\_

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ACCOUNTING DIVISION USE ONLY

*Please Fax to (202)482-2331 (Do Not Email)*