Print Form

Charge Card Payment Form

Company Information

Contact Person: _____

Business Name: _____

IATA Numeric Code (if applicable)
☐☐-☐☐☐☐☐☐

Business Address: _____

_____

City: _____ **State:** _____

Zip Code: ☐☐☐☐☐ - ☐☐☐☐

Telephone number: _____

Fax number: _____

Charge Card Information

☐ **American Express** ☐ **MasterCard** ☐ **Visa**

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date ☐☐ / ☐☐ (M M Y Y)

Amount of Charge $ ☐☐☐☐☐.☐☐

Cardholder Name (printed) _____

Cardholder Signature _____

Product or Service Purchased _____

Submit Completed Form:

Fax Transmittal

1-514-868-8858
To: IATAN

Attn: _____

Dept: _____

Courier/Mailing Address:

703 Waterford Way, Suite 600
Miami, Florida, USA 33126