



# Payment Form

## Company Information

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code:  -

**IATA Numeric Code  
(if applicable)**

-

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

