



**World Trade Center**  
HARRISBURG  
**Credit Card Payment**

---

---

**Please complete the form and provide credit card information.**

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

Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please complete credit card information:**

**Please Circle Type of Card:**

Visa                      M/C

Acct #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_