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AWP Industries, Inc.

Credit Card Payment Form

Date: _____

Customer # & Name: _____

Contact Person: _____

Invoice Number: _____

Credit Card Type: _____ **VISA** _____ **Mastercard**
(Check one.)

Name on Card: _____

Card Number: _____

Expiration Date: _____

CW2 Indicator Number: _____
(Found on back of card, printed on signature line.)

**Amount Authorized
for Credit Card:** _____

Approval: _____