

**CREDIT CARD PAYMENT FORM - PAYMENT IN ADVANCE FORM**

Please complete and e-mail or fax this form to [ar@trendgroup-usa.com](mailto:ar@trendgroup-usa.com) or +1 954 438 4830

Customer name

Customer number

Credit card type  American Express  Master Card  Visa  Discover

Credit card number

Expiration date  Security code

Name on card

Card billing address

City /State  Zip code

**PAYMENT TO BE APPLIED TO**

Invoice date	Invoice number	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total in USD		<input type="text"/>

I agree to pay the above total amount according to the card issuer agreement.

\_\_\_\_\_  
Cardholder signature and date

**TREND USA Ltd.**

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