



AIS
49 NE 22nd St
Miami, FL 33137
Tel.: (305) 573-9900
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**Credit Card Charge Slip
For
Payment Of Invoices / Fees**

Please Print Clearly:

Card Type: American Express

Master Card

Visa

Card Number : _____

Expiration Date : _____

Card Holders Name : _____

Card Holders Billing Address: _____

Amount : _____

Cardholder acknowledges receipt of goods or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's Agreement with the Issuer.

X _____ **Date :** _____

Cardholder Signature