

Customer Confirmation \_\_\_

Staff

10047 Robert Trent Jones Parkway • New Port Richey • FL 34655 Telephone: (727) 372-3665 • Fax: (727) 372-2879

www.worldmillworkalliance.com • Email: mail@worldmillworkalliance.com

## Purchase the 2020 Distributor Compensation and Benefit Report

## **CREDIT CARD PAYMENT**

- **Step 1.** Complete the credit card authorization below to purchase the 2020 Compensation and Benefit Report.
- Credit card confirmation of payment will be emailed to the email provided.
- An email link to download the 2020 Compensation and Benefit Report will be sent as confirmation of Step 3. payment.

Credit Card Information (as it appears on your credit card)	WMA Accepts the follow	ing Credit Cards:	Master Card EXPRESS
First Name	Last Name	<u> </u>	
Company	Email		·
Cardholder Name:			
Credit Card Number:		Expiration:	_/
CCV# (3-digit number on back of V	isa/MC; 4 digits on front of	f AMEX)	Visa & Mastercard Last 3 digits on baset of card  4gins on front of card  4gins on front of card  500000000000000000000000000000000000
Billing Address:			Card Security Code  Card Security Code  Medicana Novel  Card Security Code
Street Address			
City	State	Zip Code	Country
I am a:  WMA MEMBER  WMA NON-MEMBER			
D		Ş	5
Purchase:		Processing fee 4.5%	5
2020 Compensation and Benefit R		_	
	Total Charge	Applied to Credit Card	
I understand and agree that WN authorize World Millwork Alliance certify that I am an authorized us processing fee with my credit calbank cardholder agreement. I also use	to charge my credit card er of this credit card and rd company. I agree to pa	the amount as indicated of that I will not dispute the ay for this purchase in acc	on the credit card form. I he payment amount and
Authorized Cardholder Signature: _		Date:	
WMA USE ONLY: Date:	CC Proc Date:	CC Amount: \$	Stf
Customer Confirmation Staff	Acct Allocation: 4113	6116	