



PAYMENT FORM

Fax 617-427-7890

Mail: Po Box 180446, Boston, MA 02118

Cardholder Name: _____

Invoice Number: _____

Destination: _____

Card# (MC/Visa/AMEX/Discover):

Expires: _____ 3-4 digit security code*: _____

Amount Authorized: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

I authorize Ed Blank's Adventures on the Fly to charge my credit card for the amount listed above.

X _____ Date: _____

*A 3 digit security code is found on the back of the card for MC, Visa, Discover and the 4 digit code is on the front of the card for Amex