



The smart woman's online career resource

**Billing Information - Exactly as it appears on your Credit Card**

Company Name:	Optional
Cardholder First Name:	Required
Cardholder Middle Initial:	Optional
Cardholder Last Name:	Required
Suffix (ie: Jr,Sr,II):	Optional
Billing Address:	Required
Apartment or Suite:	Optional
Billing City:	Required
Billing State or Province:	Required
Billing Postal/Zip Code:	Required
Billing Country:	Required
Telephone:	Required
Credit Card#:	Required
Expiration Date:	Required
Card Verification Value:	Optional
E-Mail Address:	Required

**Shipping Information -**

Ship To / Recipient:	Optional
Shipping Street Address:	Optional
Shipping Apt or Suite:	Optional
Shipping City:	Optional
Shipping State or Province:	Optional
Shipping Postal/Zip Code:	Optional
Shipping Country:	Optional