

CREDIT CARD FORM

(PLEASE WRITE LEGIBLY)

NAME OF MEMBER: _____

MEMBER ID: _____

POST #: _____ AMOUNT: _____

NUMBER OF CARDS IF PAYING FOR MORE THAN 1 CARD: _____

CREDIT CARD #: _____

EXPIRATION DATE (MM/YYYY): _____

CVN (3 DIGIT CODE ON BACK OF CARD): _____

SIGNATURE: _____ DATE: _____

IF PAYING FOR NUMEROUS CARDS THROUGH THE POST, MEMBER NAME & ID NUMBER ARE NOT REQUIRED.