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## **CREDIT CARD PAYMENT FORM**

For payment by credit card, the following information will be needed, if the card is not presented.

**MasterCard**       **Visa**       **Discover**

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CW2/CVC2 # (3 digits located on back of the credit card): \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Amount authorized for this transaction: \_\_\_\_\_