

# Credit Card Acceptance

Date \_\_\_\_\_

Name of person \_\_\_\_\_

Name of person ON CARD \_\_\_\_\_

Name of School/ Company \_\_\_\_\_

Address \_\_\_\_\_

*(Billing Address for Card)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email receipt to: \_\_\_\_\_

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

*(Where to reach him/her if any problem with the transaction)*

**Credit Card Only:**     MasterCard     Visa     Discover    American Express

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Card Code: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_    **Check one:**     Personal Card    *or*     Business Card

*(this number is 3 or 4 digits, typically on the back of the card on the signature line)*

Amount Billed: \$ \_\_\_\_\_

*(Reiterate this to customer)*

\*\*\*\*\***Signature Required:** \_\_\_\_\_

-----  
Office Use only:

Person at NYSNA Completing Transaction: \_\_\_\_\_

Form attached

*MUST attach a copy of the form for item/service/workshop/booth for which the charge is being made*

Class \_\_\_\_\_ Purpose \_\_\_\_\_

Account # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Order # \_\_\_\_\_