



Texas Association of Emergency Vehicle Technicians

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### Credit Card Payment Form

#### Billing Address

(As it appears on your credit card statement)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Shipping Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### e-mail address

(For confirmation and receipt)

Discover     Visa     MasterCard     American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

RE: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

(I accept the charges above for the products/services rendered)