

# Georgia URISA: CREDIT CARD PAYMENT FORM



Today's Date: \_\_\_\_\_

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

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

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

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

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

## Card Holder Information:

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

Card Holder Address: \_\_\_\_\_

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

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

Credit Card Type:  Visa  Master Card

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

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

## Description of Charge(s):

Luncheon  Workshop  Conference

Payment For:  Other Comments: \_\_\_\_\_

For Membership:  Corporate  Business  Non-Profit  Individual

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

*Internal Use:* \_\_\_\_\_