



## CREDIT CARD FORM

### BILLING INFORMATION

<b>FULL NAME ON CARD</b>	
<b>ADDRESS</b>	
<b>CITY, PROVINCE OR , STATE</b>	
<b>POSTAL CODE OR ZIP CODE</b>	
<b>CREDIT CARD NUMBER</b>	
<b>EXPIRY DATE</b>	
<b>CVV CODE</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL</b>	

<b>SUBTOTAL</b>	\$ _____
<b>ADD 5% CREDIT CARD PROCESSING FEE</b>	\$ _____
<b>TOTAL TO BE CHARGED TO CREDIT CARD</b>	\$ _____

<b>OFFICE USE ONLY</b>	Date received:	Payment process date:
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**THIS FORM MUST BE EMAILED WITH ENTRIES**