



CREDIT CARD FORM

THIS FORM MUST BE EMAILED WITH ENTRIES

BILLING INFORMATION

FULL NAME ON CARD: _____

ADDRESS: _____

CITY, PROVINCE OR STATE: _____

POSTAL CODE OR ZIP CODE: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____ CVV CODE: _____

PHONE NUMBER: _____

EMAIL: _____

SUBTOTAL: \$ _____

ADD 6% CREDIT CARD PROCESSING FEE: \$ _____

TOTAL TO BE CHARGED TO CREDIT CARD: \$ _____

OFFICE USE ONLY

Date received: _____ Payment process date: _____