



Date: _____

**Central Texas Chapter, ACI
Payment by Credit Card Agreement**

NAME ON CREDIT CARD: _____

CREDIT CARD BILLING ADDRESS: _____

CARD BILLING CITY/STATE/ZIP: _____

CONTACT PHONE NUMBER: _____

EXAMINEE NAME: _____

Please circle appropriate card for payment

DISCOVER

MASTERCARD

VISA

AMERICAN EXPRESS

CARD # _____

EXPIRATION DATE: _____ SECURITY CODE ON BACK: _____

NOT TO EXCEED: \$ _____

I agree to pay the above total amount according to card issuer agreement.

AUTHORIZED SIGNATURE: _____

PRINT NAME SHOWN ON CARD: _____

Please email signed form to bryanangelo1111@yahoo.com

Central Texas Chapter, ACI
Treasurer

Central Texas Chapter, ACI 4717 Priem Lane Ste. 502 Pflugerville, TX 78660 512-413-3255

PLEASE PROVIDE EMAIL ADDRESS BELOW TO RECEIVE A COPY OF YOUR RECEIPT.
