



Credit Card Payment Form

Fax to: 304-217-2525

Credit Card Type: Master Card Visa American Express

Credit Card Number:

Expiration Date: Security code
Visa / MC: Three digits on back of card
AmEx: Four digits on front of card

Exact Name on Credit Card:

Billing Street Address For the Credit Card:

City / State / Zip:

School Phone:

Credit Card Holder Phone:

Fax:

Name of School:

Signature: _____

Total: _____

****Please include a copy of the order form and/or invoice when submitting this form****