



# San Antonio Irrigation Association Credit Card Payment Form

**Name of Credit Card Holder** (Print): \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Billing Address** (of Credit Card Holder): \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Type of Card:**  American Express  Discover  MasterCard  Visa

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVC/CVV Code:** \_\_\_\_\_

**Amount Paid:** \$ \_\_\_\_\_

**Description of Charge:**  MEMBERSHIP  STILE EXPO  CEU's

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** If paying by check, please mail membership application and check to San Antonio Irrigation Association, PO Box 171322, San Antonio, TX 78217. Or bring in with you at the next membership meeting.