



State & Local Government Benefits Association

CREDIT CARD PROCESSING FORM

Name (as it appears on the card):

Name of member/person payment is for if not the same as above:

Company Name: _____

Billing Address:

Credit Card Type:

MasterCard

Visa

American Express

Credit Card Number:

CSC Number (three digit # on back of card in signature line) (American Express card it is a 4 digit # on the front of the card):

_____ **Expiration Date:** _____

Amount to be Charged \$ _____

Phone #: _____ **Fax #** _____

Email: _____

Signature: _____ **Date:** _____

FAX TO: 859-623-8694

EMAIL TO: membership@salgba.org