

PLEASE USE THIS FORM WHEN PAYING BY CREDIT CARD FOR ENTRIES.  
**MAKE SURE THE CREDIT CARD INFORMATION IS CURRENT AND CORRECT.**  
CREDIT CARDS THAT ARE DENIED WILL BE SUBJECT TO PENALTY.  
Card numbers are destroyed after transaction is complete.

PAYMENT BY CREDIT CARD	
<b>E-MAIL ADDRESS:</b>	Office use
<b>PHONE NUMBER:</b>	

METHOD OF PAYMENT (U.S. Funds only)	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	Exp Date _____ Sec Code _____
Credit Card Number	<b>Charge Amount:</b>
Print Name as it appears on credit card	
Cardholder Signature	
Address, City State, Zip	

~~ABCDEFGHIJKLMN OPQRSTUVWXYZ 0123456789~~

PAYMENT BY CREDIT CARD	
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METHOD OF PAYMENT (U.S. Funds only)	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	Exp Date _____ Sec Code _____
Credit Card Number	<b>Charge Amount:</b>
Print Name as it appears on credit card	
Cardholder Signature	
Address, City, St Zip	