



## **CREDIT CARD AUTHORIZATION FORM**

Company Name:			
Card #:		Sec. #: Exp:	
□ Visa □ MasterCard	☐ Discover	☐ American Expre	ess
Name on Credit Card:			
Address on credit card:		City:	Zip:
Phone:			
Payment for: (please check all that app	oly for this pay	ment only)	
☐ ACTA Deluxe Membership -			
☐ ACTA Full Membership -			
☐ ACTA Associate Membership	-		
☐ Class Fees \$			
☐ Sponsorships \$ L	evel:		
□ Other \$ Descrip	otion:		
Signature:		Date:	
♦ Email my receipt to:			

Fax Form to  $(916)\ 265\text{-}1982$  or e-mail to jmojica@actrade.ac