

Date: _____

September 30th & October 1st

CREDIT CARD FORM

Email: NUCASWFL@gmail.com

P. O. Box 62207

Fort Myers, FL 33906

Phone: (239) 939-1952

Fax: (239) 790-1369

www.nucaswfl.com

[om](http://www.nucaswfl.com)

Please note: If payment by credit card is preferred, a 3% processing fee will be added to the total.

Type of Credit Card:

_____ Visa _____

_____ MasterCard _____

_____ American Ex-
press _____

Credit Card Number: _____

Expiration Date: _____

V-Code: _____

(Verification Code is the last three digits in the signature strip on the back of the credit card for Visa and Mastercard, or the four digit code above the credit card number on the front of American Express cards)

Name on Card: _____

Company Name on Card (if applicable): _____

Billing address for Credit
Card: _____

City: _____

State: _____

Zip: _____

_____ Print Name

_____ Authorization Signature

_____ Company Name

() _____ Phone Number

Email address: _____

Charges are for (list event or meeting): _____

Invoice # _____

Amount \$ _____

!! IMPORTANT !!

Please complete this form and the event/meeting form and return both by email or fax. Information must be received in writing. A receipt and paid invoice will be sent to you when charges are made on your account. For security purposes, your credit card information will not be kept on file.

New information will be needed for each new charge/transaction.