

Credit Card Payment Slip: send signed copy by fax to 410-448-6490 or PDF email to btarantino@compmed.umm.edu

CC Type (Circle): Visa Master Card Discover

Amount: _____

Card Number: ____ - ____ - ____ - ____ Exp Date: _____

Security Code: _____

Name as it appears on the credit card: _____

Signature: _____

Billing Address: _____

Email: _____

Credit Card Payment Receipt (kept by payee)

CC Type (Circle): Visa Master Card Discover

Amount: _____

Card Number: ____ - ____ - ____ - ____ Exp Date: _____

Security Code: _____

Name as it appears on the credit card: _____

Signature: _____

Billing Address: _____

Email: _____