



## CREDIT CARD PAYMENTS

Please complete the following:

**FENCER NAME(S):** \_\_\_\_\_ **and** \_\_\_\_\_

- MasterCard
- Visa
- Discover

Cardholder authorizes payment to Oregon Fencing Alliance by the issuer identified below, and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer. I agree to:

- One time charge of Payment Amount: \$ \_\_\_\_\_
- Monthly charges to my credit card on or around the 20<sup>th</sup> of each calendar month and authorizing a maximum charge per month of \$ \_\_\_\_\_

Card Number \_\_\_\_\_

3 digits from the back of the card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name (**PRINT**) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Phone number \_\_\_\_\_

Billing Address of Credit Card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**RETURN FORM TO: Payment Box in office or mail to**

OFA

7410 SW Oleson Rd. # 124

Portland, OR 97223

Or fax: 503-642-1827, no cover necessary, home fax so secure delivery