

Credit Card Payment Form

Please complete the following **ONLY** if you are paying with a credit card.

Name of Cardholder: _____

Billing Address of Cardholder: _____

Town: _____ State/Province _____ Zipcode: _____

Credit Card Type: (circle one) Mastercard VISA Discover

Card Number: _____

Expiration Date: _____ 3 digit security code _____
(Found on back of card)

Total Amount of Charge: \$ _____

Cardholder Signature: _____

Return this form to:

NYS Woodsmen's Field Days, Inc
P.O. Box 123
118-120 Main St.
Boonville, NY 13309
PHONE: 315-942-4593
FAX: 315-942-4452

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OFFICE USE ONLY

Date Entered:

Approval #:

Initials: