

# Credit Card Payment

Visa/MC \_\_\_\_\_

Expiration Date \_\_\_\_\_ CV Indicator \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Please Print

Phone Number : \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature: \_\_\_\_\_

*3.5% convenience Fee on all Credit Card Charges*

*By signing above you are authorizing Western States CHA to charge the above credit card for entry fees and any charges left outstanding.*

If you have any questions, please call Erin at 303-570-0149