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Asta Member

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CREDIT CARD ACCEPTANCE FORM

PLEASE PRINT CLEARLY

FULL NAME: _____
(AS IT APPEARS ON THE CREDIT CARD)

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ **Email:** _____

SALE AMOUNT TO BE CHARGED: _____

Please add 3.5% for credit card payments

CIRCLE ONE: **CARD NUMBER:** _____



CVV2 NUMBER: _____

(the last 3 digits on the back of your credit card)



EXPIRATION DATE: _____

SIGNATURE: _____

(AS IT APPEARS ON YOUR CREDIT CARD)

After completing this form, please fax, email or mail to the address above. A receipt will be mailed to you.