

## Media Center Integrator Alliance

### Credit Card Form

If you would like to use a credit card to pay for your membership/renewal, please fill out all of the information below.

#### Contact Information:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Credit Card Information:

Card Type: \_\_\_\_\_ (Visa, MasterCard, AMEX)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

CVV Number: \_\_\_\_\_

(last 3-digits of the number on the back of the card above the signature)

Card Holder Name (as it appears on card): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Amount in USD: \$ \_\_\_\_\_

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

*Note: Your statement will contain charges by **Media Center Integrator Alliance***