



# PAYMENT FORM

(Photocopy this form and include it with your entry.)

**Method of Payment** (please check one)

Check

AmEx

Visa

MC

Members Account

**Name**

**Company**

|  |  |
|--|--|
|  |  |
|--|--|

**Address**

|  |  |
|--|--|
|  |  |
|--|--|

**City**

**Country/State**

**Zip**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Account Number**

**Expiration Date**

|  |  |
|--|--|
|  |  |
|--|--|

**Signature**

|   |
|---|
| X |
|---|