

TOWN OF HUNTER CHAMBER OF COMMERCE
CREDIT CARD PAYMENT FORM

Name as it appears on the card: _____

Billing Address: _____

[City] _____ [State] _____ [ZIP] _____

[Tel] _____ [Email] _____

Credit Card Type (*circle one*): Visa MasterCard American Express

Card Number: _____ **Amount \$** _____

Expiration Date: [mm] _____ [yyyy] _____ **(Invoice #: _____)**