



los angeles pediatric society

PRINTABLE CREDIT CARD PAYMENT FORM

CREDIT CARD INFORMATION			
Name:			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number:		Expiration Date:	
Name as it appears on Credit Card:		CSC Security Code: *	
Item Description:		Payment Amount (US Dollars):	
Signature:		Date:	
CREDIT CARD BILLING ADDRESS			
Street Address:			
City:			
State:	Zip/Postal Code:	Country:	
Phone Number:		Fax Number:	
Email address:			

This form can be printed and filled in and then faxed to: 310-782-9856 or mailed to the address at the bottom of the form.

* For Visa and MasterCard, the three-digit CSC is printed on the back of the card immediately after the card's account number.

For American Express, the four-digit CSC is printed on the front of the card above the card's account number.

P.O Box 4198, Torrance, CA 90510-4198 • 424-262-6590 • FAX 310.782.9856
eseaman@lapedsoc.org • www.lapedsoc.org