



Nebraska Society of CPAs

7435 O Street, Suite 100
Lincoln, NE 68510

CREDIT CARD PAYMENT FORM

PLEASE TYPE OR PRINT

* Please do not e-mail Credit Card or other sensitive information unless through an encrypted e-mail.

MasterCard

Visa

Cardholder Name		Card Number				
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Billing Address		Expiration Date	
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Billing City/St/Zip		CVV Code	
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Credit Card Receipt:	<input type="radio"/> Email	Address	
	<input type="radio"/> Mail <input type="radio"/> Address above OR	Name	
		Address	
		City/St/Zip	

			Amount
Payment For:	<input type="radio"/> Advertising	Invoice Number(s):	
	<input type="radio"/> Dues	Member(s)	
<input type="radio"/> Conferences/CPE	Attendee(s) & Dates		
<input type="radio"/> Other	Specify:		
Total to Charge			

Person Completing Form	
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Phone		Email	
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