



## CREDIT CARD PAYMENT FORM

Campus Name and 4 Digit Chapter Number	Conference	Most Recent Invoice Number	Amount
Subtotal			
Convenience Fee			
Fee Amount			
<b>Total Amount</b>			

Please enter billing info on the next page.

## Billing Details

Cardholder's Name	
Billing Address	
City, State, and Zip Code	
Phone Number	
Email Address	

Credit Card Type (Visa, MC, Amex, Discover)	
Credit Card Number	
Expiration Date	
Security Code (CVV)	

By signing this form, you give HOSA, Texas Association, permission to charge your credit card for the total amount (includes a 3.5% convenience fee) indicated on the previous page. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. While charges are usually processed within 24 hours, please allow up to 5 business days for us to process the charge.

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Cardholder's Signature

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Date

**Email completed form to: [delvin.thurman@texashosa.org](mailto:delvin.thurman@texashosa.org)**