



# Nebraska Society of CPAs

635 S. 14<sup>th</sup> Street, Suite 330  
Lincoln, NE 68508

## CREDIT CARD PAYMENT FORM

PLEASE TYPE OR PRINT

MasterCard     Visa

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

<b>Name</b>	
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<b>Address</b>	
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<b>City/St/Zip</b>	
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			Amount
<b>Payment For:</b>	<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:	
<b>Total to Charge</b>			

<b>Person Completing Form</b>	
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<b>Phone</b>		<b>Email</b>	
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