

# Workshop Credit Card Payment Form

**Workshop (date/location):**

**Participant Name:**

**Organization:**

**Billing Amount Authorized:**

**Do you need a receipt?** Yes

**Do you need it signed?** Yes

**If yes, provide a name and an email or fax number to send the receipt to:**

**Name:**

**Email:**

**Fax:**

**Credit Card Information:**

Credit Card Type: MasterCard  Visa

Name on Credit Card:

Card Number:

Expiration Date:

Zip code the credit card bill is sent to:

Cardholder's Signature: \_\_\_\_\_

Contact phone number:

Fax is recommended, but you can also call with the information or send this form through the mail.

Form can be returned by Fax to: (509) 946-2001

To provide information over the phone: (509) 539-8621

Mail to: Randy Schwarz  
PO Box 1308  
Richland, WA 99354

Contact information:

Company Name: Visual Editor Consultants

Tax Identification Number: 91-2171998

Email: [randyschwarz@mcnpvised.com](mailto:randyschwarz@mcnpvised.com)