



## Credit Card Form



VISA Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_



MasterCard No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_



American Express Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_ Tel: \_\_\_\_\_

Complete billing address of credit card \_\_\_\_\_

Invoice # \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

**NOTE:** IF THERE IS A LIMIT ON THE AMOUNT YOUR CREDIT CARD IS ALLOWED, PLEASE MAKE THIS NOTATION HERE WITH EXACT INSTRUCTIONS ON HOW TO PROCESS. THANK YOU FOR YOUR HELP!

### Return to:

**Missy Wilson**  
SkillsUSA  
14001 SkillsUSA Way  
Leesburg, VA 20176  
703-737-0608-Direct  
[mwilson@skillsusa.org](mailto:mwilson@skillsusa.org)

*Remember – all payments for exhibitors are due upon request and before the TECHSPO show.*

**Thank you!**