

### Credit / Debit Card Payment Information

Customer Name: \_\_\_\_\_

WSU Invoice: WSU AHESL – Poultry Institute 2017

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

Email: \_\_\_\_\_

State or Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_

Check one: VISA  or Mastercard

16 digit card number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_

3 digit code on back of card: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_