**EWTA Dues Credit Card Payment Form**

If you would prefer to pay EWTA transactions by credit card please type in your responses and **FAX the form below to 253-565-7265**.

Put an X by one: *VISA MASTERCARD AMERICAN EXPRESS*

Cardholders Name:

Billing Address w/zip:

Card Number#:

Three or four digit security code on back of card:

Card Expiration Date:

 Month / Year

Company Name:

Transaction Date:

Amount: $1,200 (or prorated amount provided)

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address (if you want a confirmation receipt):

**Fax this form to:**

EWTA - **253-565-7265**

**Or mail to:**

EWTA

7011 South 19th St.

Tacoma, WA 98466

**FOR SECURITY – PLEASE DO NOT EMAIL THIS FORM. FAX OR REGULAR MAIL ONLY!**