



Arizona State Escrow Association

Authorization for Credit Card:

METHOD OF PAYMENT

- Visa
 MasterCard

Card # _____

Vin # _____

Exp. Date: _____

Amount authorized: \$ _____

- For : Educational Materials
 Registration for Class or Conference (form attached)
 Professional Designation Test Application Fee
 Meals

Name : _____
(as it appears on card)

Billing Address: _____

_____ City _____ State _____ Zip _____

Email address: _____

Phone No. _____

Signature: _____

Print Name: _____

Date: _____