

National Association of Special Education Teachers NASET

Credit Card Authorization Form

Customer Name: _____ (Exactly as is appears on card)

We accept the following credit cards:



Credit Card Type: VISA _____ Master Card _____ AMEX _____ Discover _____

Card Number: _____ CVC Code _____



Exp. Date: _____ (mm/yy)

Amount to be charged \$ _____ (One Time Authorization)

Credit Card Billing Address: _____

I authorize NASET to charge my credit card listed above for Advertising fees.

Cardholder's Name: _____

*Signature: _____

Send Invoice to: Email Address: _____

**Scan & Email to advertising@naset.org or
Fax to: 800-424-0371 or Mail to:**

**NASET Advertising Department
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142**

Upon successful entry of payment information you will receive an email confirmation of your payment and a link to your ad for review.

*** This Form Must be Signed Before Submitting**