



## San Jose Police Officers' Association CREDIT CARD PAYMENT FORM

Contact: Joanne Segovia  
Ph: 408-298-1133, Fax: 408-298-3151

Name as it appears on card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
(Please Print Clearly)

Visa/MC/AMEX/Discover Card No.: \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_  
(Month) (Year)

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

CW2 Indicator: \_\_\_\_\_  
(Last 3 digits on back of card)

Amount of Payment: \$ \_\_\_\_\_

Payment For: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_