

SC Seedsmen's Association

Credit Card Form

To pay with your credit card, please complete and return with your convention registration form.

Method of Payment (Check One): Visa Mastercard American Express

Security code: _____ Expiration Date: _____

Card Number: _____

Name on the Card: _____

Billing Address: _____
Street or PO Box

City State Zip

Amount to be charged: \$ _____

Signature: _____