



2012 CONVENTION CREDIT CARD PAYMENT FORM

Name on Card _____

Billing Address _____

Billing Phone No. _____

Card Number _____

Security Code _____

Amount to Charge in USD \$ _____ .00

TYPE OF PAYMENT

BUSINESS CARD

PERSONAL CARD

CHECK ONE:

TYPE OF CARD

MASTERCARD

VISA

AMERICAN EXPRESS

DISCOVER

By checking this box, I acknowledge that I am the authorized cardholder for the card given above and I acknowledge that I have ordered products and/or services from Antique Telescope Society in the amount of the total shown above and I agree to perform the obligations set forth in the cardholder's agreement with the card issuer.

PRINT, SIGN THIS FORM AND FAX, OR SCAN AND EMAIL, TO:

ROBERT C. HAMBLETON, ATS Board Member-at-Large:

Email: rchandleton@yahoo.com Fax: 001.410.266.9869