



# Alzafar Shriners



San Antonio Shrine Auditorium \* 901 N. 1604 West San Antonio, Texas 78232 \* Telephone 210-496-1625

## Credit Card Agreement Form

I, \_\_\_\_\_, agree to pay the amount listed below to the Alzafar Shriners  
– San Antonio, Texas for the listed amount below.

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

Total Amount Due: \$ \_\_\_\_\_

Credit Card Type: \_\_\_\_\_  
(Visa, MasterCard, American Express, Discover)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_  
(Print)

Card Holder's Signature: \_\_\_\_\_  
(Sign)

Date: \_\_\_\_\_

Card Verification Code: \_\_\_\_\_

Client Zip Code: \_\_\_\_\_

Client Billing Street No: \_\_\_\_\_