



CRA

Computing Research
Association

MEMBERSHIP - CREDIT CARD PROCESSING REQUEST

Please fax information to (202) 667-1066

Amount: \$ _____ Date of request: _____

Requested by: _____

E-mail Address: (To send receipt) _____

Affiliation: _____

Purpose/Description: _____

Original Receipts: Please provide backup documentation with fax

Type of Card (Circle one): Visa MasterCard Amex (4 digit security code)

Credit Card Information (PLEASE PRINT):

Name on Card: _____

Billing Address: _____

Credit Card #: _____ - _____ - _____ - _____

Security Code (3 digits on back of card & 4 digit AMEX): _____

Expiration Date: _____

Authorizing Signature: _____

----- **FOR ACCOUNTING DEPARTMENT USE ONLY** -----

Date Processed: _____ **Amount: \$** _____ **Job #** _____

CRA Employee Requesting Funds to be charged: _____