

**Bay Area Council - Payment via Credit Card  
Information Request**

**Payment/Authorization Information**

Payment Method **American Express / MasterCard / Visa**  
Card Number \_\_\_\_\_ \*  
Expiration Date \_\_\_\_\_  
Amount \_\_\_\_\_  
Card Code \_\_\_\_\_

**Order Information**

Invoice # \_\_\_\_\_  
Description \_\_\_\_\_

**Customer Billing Information**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
\_\_\_\_\_

\* May be submit via telephone at  
(415) 946-8726 or (415) 981-6600  
or by fax at (415) 981-6408 if you  
don't wish to email the information.

Please complete this form and return it to [jhamilton@bayareacouncil.org](mailto:jhamilton@bayareacouncil.org) .