



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

**Central Texas Chapter, ACI  
Payment by Credit Card Agreement**

NAME: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Please circle appropriate card for payment**

DISCOVER

MASTERCARD

VISA

AMERICAN EXPRESS

CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE ON BACK: \_\_\_\_\_

NOT TO EXCEED: \$ \_\_\_\_\_

I agree to pay the above total amount according to card issuer agreement.

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME SHOWN ON CARD: \_\_\_\_\_

Please email signed form to [bryan.angelo@psiusa.com](mailto:bryan.angelo@psiusa.com)

Central Texas Chapter, ACI  
Treasurer

Central Texas Chapter, ACI 2600 McHale Ct. Ste. 125 Austin, TX 78758 512-491-0200

**PLEASE PROVIDE EMAIL ADDRESS BELOW TO RECEIVE A COPY OF YOUR RECEIPT.**

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