

PAYMENT

Credit Card

Bill Us – I will pay with a Company Check upon receipt of Invoice from GroupConnect

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Is the name on the card the same as the name listed above?

Yes

No

Name as on Credit Card	
Credit Card Statement Address	
City	
State/Province	
Zip/Postal Code	
Phone	

Please complete form and fax to: 866-831-5188