# USUCGER Credit Card Payment Form

Mail or fax form to:

Dr. S. L. Gassman
USUCGER Treasurer
c/o University of South Carolina
Dept of Civil & Environmental Engineering
300 Main Street
Columbia, SC 29208

FAX #: (803) 777-0670

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Payment for: Amount

□U.S. University Membership: $_____

University Name: _____

Number of members: _____

□Associate Membership: $_____

Associate Name: _____

Number of members: _____

□Other: _____ $_____

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Name (as it appears on card) _____

Billing Address Line 1 _____

Line 2 _____

City _____ State_____Zip _____

Card Type (please circle) Visa MasterCard

Account number

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Expiration date

| | | | |
|---|---|---|---|
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Amount to be charged $_____

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay the total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Cardholder signature: **X** _____ Date _____