



PCI-SIG Credit Card Form

If you wish to use a credit card to pay for your order, please fill out the information below.

Order Payment

Company Name: _____

Phone Number: _____ Fax Number: _____

Billing Information

Card Type: _____

(Visa, MasterCard, AMEX)

Card Number: _____ Expiration Date: ____ / ____

CVV2: _____

(Visa/MC: 3-digit security code in back, AMEX: 4-digit security code on front)

Name on Card: _____

Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Signature: _____ Date: _____

I hereby authorize the PCI-SIG to charge the amount of \$_____ to the credit card listed above. *Note: Your statement will contain charges by PCI-SIG.*

If submitting via email please send the completed form to payments@pcisig.com. Alternatively, you may send to the fax number provided below.

Billing Address:

PCI-SIG
3855 SW 153rd Drive
Beaverton, OR 97003
Phone: (503) 619-0569
Fax: (503) 644-6708