

VISA OR MASTERCARD – CHECK ONE:

Making Great Communities Happen

Authorization to Charge Credit Card

I AUTHORIZE THE AMERICAN PLANNING ASSOCIATION CALIFORNIA CHAPTER AND ITS AGENTS TO CHARGE TO MY CREDIT CARD THE FOLLOWING: (Please print clearly and complete all information requested.)

VISA _____ MASTERCARD _____

or

CREDIT CARD NUMBER _	CVS#	
EXPIRATION DATE _	(3-DIGIT CODE ON BACK OF 6	CARD)
AMOUNT:	\$15.00	
PAYMENT FOR: CPC AIC	CP EXAM STUDY MANUAL CD	
Mail payment to: APA email to <u>aetgoresourc</u>	A California, c/o ATEGO Resources, PO Box 214065, Sacramento, ces@live.com.	, CA 95821
Please scan an	nd email your form to nhe2011@live.com to expedite your order.	
MY CREDIT CARD BILLING	G ADDRESS IS: Address must match that of the credit card billing addre	<u>ess</u> .
NAME (AS IT APPEARS O	ON CARD)	
COMPANY (IF APPLICABL	LE) :	
BILLING ADDRESS:		
	(Street Address and Zip-Code must be included.)	
	(ZIP CODE MUST BE INCLUDED.)	
Telephone Number: _	E-Mail:	
Print Signature Name		
Signature of Cardholde	er Date	_

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