

CREDIT CARD PAYMENT

We now accept online payments! Please visit our payment portal at
<https://payments.aashtoresource.org/>.

If you do not want to pay online, please fill out the following information below. This form can be faxed to
240.436.4899 or emailed to info@ashtoresource.org for processing.

COMPANY NAME: _____

TYPE OF CREDIT CARD: VISA Master Card American Express Discover _____

NAME OF PERSON ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE ON CREDIT CARD: _____

SECURITY CODE: _____

BILLING ADDRESS: (Print Clearly) _____

BILLING CITY/STATE/ZIP: (Print Clearly) _____

INVOICE NUMBER BEING PAID: _____

AMOUNT TO BE PAID: _____

DATE OF SALE (CURRENT DATE): _____

**NAME OF PERSON
REQUESTING PAYMENT:** _____

EMAIL ADDRESS: (Print Clearly) _____

***Please note that all receipts will be emailed to the email address provided above.**