



Name as it appears on credit card (please print): \_\_\_\_\_

Discover/VISA/MasterCard # \_\_\_\_\_

Please mark here if using a Debit Card: \_\_\_\_\_

3-Digit Verification (back of card) \_\_\_\_\_ Exp. Date (month/year) \_\_\_\_ / \_\_\_\_

Credit Card billing address: \_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR ASTRO-PHYSICS USE ONLY: DR: \_\_\_\_\_ CN: \_\_\_\_\_ SON: \_\_\_\_\_

PAYMENT PROCESSED  Initials: \_\_\_\_\_