



Credit Card Receipt

Full Name: _____ Company: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Item Purchased: ATA Holiday Party

Amount : _____

Payment Information

Card Number: _____ Expiration Date: _____ 3 or 4 Digit Code: _____

Name as it appears on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Email Address: _____

Signature needed only if faxing or mailing form

Email address for Payment confirmation if other than above