

National Association for Health Professionals

Gardner, KS 66030

Phone: 913-856-8534 Fax: 913-856-6125

Credit Card Payment Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Credit Card # _____

Expiration Date: ____/____ Amount to be paid: \$ _____

____ Mastercard ____ Visa (Please check one)

Print Name of Cardholder: _____

Signature of Cardholder: _____

Address of Cardholder: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Today's date: _____

Item(s) being purchased: _____

Comments: _____

