



CREDIT CARD PROCESSING FORM

Name as it appears on Credit Card: _____

Company: _____

Credit Card Billing Address:

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Credit Card # _____ Expiration date: _____

Mail to: ILDA, 827 Maple Avenue , North Versailles, PA 15137

OR

Fax to: 412-829-5191

OR

Email: kbretcko@ilda.org