

TRTIA Credit Card Payment

Date _____

Name _____

Name as it appears on your credit card (if different)

Address _____

Credit Card: MasterCard Visa

_____ Expires _____

Security code (3 digits) _____ Total Amount \$ _____

Signature _____

Fax to 727-347-2106 or mail to TRTIA, P.O. Box 40570, St. Petersburg FL 33743. Thank you!

----- Office Use Only -----

For	Amount	GL Account

Processed by _____

Date _____

Approval # _____