

MEMBERSHIP – PAYMENT PLAN FORM



Date _____
Company Name _____
Company Contact & Title _____
Phone number _____
Email Address _____

225 Church Street NW
Huntsville, AL 35801

phone 256-535-2000
fax 256-535-2015

hsvchamber.org

Credit Card Information

Name as it appears on Credit Card _____
Address where credit card statement is mailed _____

For MC, Visa or Discover users:

Credit card number _____ Exp. _____ 3-digit security code _____

For American Express users:

Credit card number _____ Exp. _____ 4-digit security code _____

Amount for charge _____ Signature for charge _____

If any information changes, you must contact Kim Savage by email: ksavage@hsvchamber.org or by phone: 256-535-2013.