

**MONTGOMERY COUNTY, MD  
BAR ASSOCIATION AND BAR FOUNDATION  
CREDIT CARD FORM**

Date of Request: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Description: \_\_\_\_\_  
(Event or Purpose)

Account Code: \_\_\_\_\_  
(For office use only)

Credit Card Holder (If different name than above): \_\_\_\_\_

\*MC/Visa/Discover Number: \_\_\_\_\_  
(Please record in blocks of 4 digits)

\*Expiration Date: \_\_\_\_\_ CVV2/CVV Number: \_\_\_\_\_  
(Located on back of card, 3 or 4 digits)

Billing Street: \_\_\_\_\_  
(Where the bill is sent for this specific card)

Billing Zip Code: \_\_\_\_\_

E-mail Receipt Request:  Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Required information. Providing all other information reduces processing fees.