



SOCIETY OF CARDIOVASCULAR COMPUTED TOMOGRAPHY

Verification of Cardiovascular CT Experience Program

Credit Card Authorization Form

Billing Information:

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

Signature/Authorization: _____

Card Type: Mastercard Visa American Express Discover/Novus

Card Number: _____ Expires: _____

Card Security Code: _____

Name of Applicant if different from above: _____

Total fee to be charged: _____