

TPEC Membership Credit Card Payment Authorization

Member's Name: _____

Member's Business Affiliation: _____

Credit Card Type (check one): Visa Mastercard American Express

Credit Card Number: _____

Credit Card Expiration Date: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Invoice Number: _____ Amount to Charge: _____

Mail this form to director@tpec.org or to TPEC, P.O. Box 556 , Beverly Hills, CA 90213.