

January 13, 2025

CREDIT CARD INFORMATION

Name: _____

Billing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Card Type: MasterCard Visa Discover American Express

Card Number: _____

Card Verification Number: (3-4 digits) _____

Expiration Date: (MM/YY) _____

Amount: \$200 - In-Person Fee \$275 - Virtual, Hybrid Zoom Fee

Authorizing Signature: _____

Please send completed Credit Card Information Form to:

COMISS Network
1802 Green Trail
Keller, TX 76248-5397