



**BOTH PAGES OF THIS APPLICATION FORM MUST BE RETURNED TO ACMA.  
APPLICATIONS CANNOT BE PROCESSED UNLESS BOTH PAGES OF THE FORM ARE RECEIVED.**

**PAYMENT INFORMATION & AUTHORIZATION FORM**

**PAYMENT TYPE**

Check       Visa       Mastercard       AmEx

Checks should be made payable to the American Composites Manufacturers Association.  
Foreign checks will only be accepted if they are bank drafts in U.S. dollars. Federal Tax ID: 52-1144059

**CREDIT CARD PAYMENTS MUST PROVIDE THE FOLLOWING INFORMATION**

Full Credit Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

*3 Digit Code (Visa/MC) 4 Digit Code (AMEX)*

**BILLING ADDRESS**

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

**I hereby authorize ACMA to charge my credit card for the payment of items below. I agree to pay for ACMA membership and agree I may be charged additional fees if the amount below is not correct.**

Card Holder Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Last Four Numbers of Authorized Card \_\_\_\_\_

Amount to be Charged \$ \_\_\_\_\_

Description of Charge \_\_\_\_\_

Company to Which Payment is to be Applied \_\_\_\_\_

<b>Internal Use Only:</b>
Date Processed: _____
Initials: _____
Notes: _____