

## TETA Credit Card Payment Form:

Name on card \_\_\_\_\_

Billing address, city, state, zip \_\_\_\_\_  
\_\_\_\_\_

Phone number (with area code) \_\_\_\_\_

Card type (circle one)      VISA   MC      (These are the only ones we accept)

Card number \_\_\_\_\_

Expiration Date (mm/yyyy) \_\_\_\_\_

Three-digit Security code \_\_\_\_\_

Signature \_\_\_\_\_

Total amount to be charged \_\_\_\_\_

Failure to complete any part of this document may result in the return or cancellation of your payment. Late fees may also apply.

THIS FORM MUST ACCOMPANY A REGISTRATION FORM OR ENTRY FORM.

DO NOT SEND SEPARATELY!

**SEND PAYMENT TO:  
TETA, INC  
PO BOX 15990 NE STATION  
AUSTIN, TX 78761**

**TIN: 23-7120592**