

# **Buffalo Ski Club Credit Card Payment Form**

**Master Card- Discover -Visa Accepted**

**Please Bill my Credit Card**

**Amount: \$**\_\_\_\_\_

**Notes:**\_\_\_\_\_

**Full Name on Card:**\_\_\_\_\_

**Address Associated with Credit Card**

\_\_\_\_\_  
\_\_\_\_\_

**Card #:**\_\_\_\_\_

**Expiration Date:**\_\_\_\_\_

**3 digit security code:**\_\_\_\_\_

**Signed:**\_\_\_\_\_

**Remit to:  
Buffalo Ski Club  
PO BOX 608  
Orchard Park, NY 14127**