



Pacific Northwest Booksellers Association

Program Payment Form

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Please apply our payment to the following program(s):

Check enclosed _____ Credit Card: _____ Visa/MC _____ Discover _____ Am Exp _____

Acct # _____ - _____ - _____ - _____ Exp. Date ____/____/____

Security code _____ (This is the last three digits of the number in the signature box on back of card)

Print Name on Card _____ Authorized Signature _____