

Oklahoma State Medical Association
313 NE 50th, Oklahoma City, Oklahoma 73105
405-601-9571 405-601-9575 (fax)

Credit Card Transaction Form

Invoice _____

Description Workers Compensation AMA Guides Sixth Training

Payment/Authorization Information (complete the following information)

Visa, Mastercard, American Express, Discover _____

Card Number _____

Expiration Date _____

Amount _____

Card Code (last 3 digits on back of card) _____

Customer Credit Card Billing Information

First Name _____

Last Name _____

Company (if using a company card) _____

Address (credit card billing address) _____

City _____

State/Zip _____

Phone _____

Signature _____

Date _____

OSMA Staff _____