

**CREDIT CARD PAYMENT PROCESSING FORM**  
**NYS WOODSMEN'S FIELD DAYS, INC. – BOONVILLE, NY**

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NAME OF CARDHOLDER \_\_\_\_\_

ADDRESS OF CARDHOLDER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CODE – BACK OF CARD \_\_\_\_\_

TOTAL FEE TO BE CHARGED: \$ \_\_\_\_\_  
**PLUS \$2 PROCESSING FEE WILL BE ADDED**

**TYPE OF CARD (PLEASE CIRCLE):**

MASTERCARD   VISA   DISCOVER   AMERICAN EXPRESS

SIGNATURE OF  
CARDHOLDER \_\_\_\_\_

**RETURN THIS FORM TO:**  
NYS WOODSMEN'S FIELD DAYS, INC.  
PO BOX 123   118-120 MAIN ST  
BOONVILLE NY 13309-0123  
PHONE: 315-942-4593 / FAX: 315-942-4452 /EMAIL: [fielddays@aol.com](mailto:fielddays@aol.com)

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***OFFICE USE ONLY***

TOTAL FEE(S): \$ \_\_\_\_\_

PLUS \$2 PROCESSING FEE: \$ \_\_\_\_\_ +

TOTAL CHARGE: \$ \_\_\_\_\_ =

DATE ENTERED:

APPROVAL: