

Registration Form “Visa Smart Debit Credit (VSDC) Training Tool Kit”

User’s Information:

First Name:	
Last Name	
Address 1:	
Address 2:	
City	
Country:	
State:	
Province:	
ZIP/Post Code	
Company:	
Title:	
Business Telephone:	
Business Fax:	
Personal Telephone:	
E-Mail:	

VISA Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Inversión*:	<input type="checkbox"/> US \$ 99.99
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Method of Payment:

<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> International Wire Transfer Bank of America 3745 Quakerbridge Road Mercerville, NJ 08619 Phone#: 1-609-586-8200 International <u>SWIFT#</u> BOFAUS3N; <u>Route:</u> 0260 09593 <u>SCA Bank Account#</u> 3810 1897 3631			
Credit Card Info:			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	
<input type="checkbox"/> AMERICAN EXPRESS			
Name on Card:			
Card Number:			
Billing Address:			
Postal Code:			
Expiration Date:			
Authorized Signature:		Country:	
Date:		Card Security Code:	

Please send the complete registration form to: sguzman@smartcardalliance.org.

*Not applicable to VISA’s member.