



NEW YORK STATE SOCIETY OF OPTICIANS, INC.

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** Complete form & return to*

NYSSO Credit Card Payment Form

Reason For Charge: _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip _____

Business Phone: _____

Home Phone: _____

Fax: _____ E-mail: _____

Credit Card Information

Date: _____

Total Amount To Be Charged \$ _____

Credit Card: Visa Mastercard Amex Discover

Credit Card Number: _____

Expiration: _____

Signature: _____