

2021 Art Clay Silver Accessories Contest

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

PAYMENT INFORMATION:

I'll be paying by Check Credit Card

If paying by check, please include check and list check number here: _____

If paying by credit card, please fill out the information below:

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature _____ Date ___/___/___

Billing address if different from main contact listed above:

Address: _____

City: _____ State: _____ Postal Code: _____

Applicants understand that all funds remitted are nonrefundable and strictly for use towards SAC entry fees and international shipping/insurance of said entries. ACW is authorized to accept these funds as listed on behalf of Aida Chemical Corporation.

Signature _____ Date ___/___/___