



**Downtown  
Indianapolis**

## **Stadium Village Business Association Payment Form**

*\*The following information is required to process a credit card transaction.*

**Name as it appears on card**

\_\_\_\_\_

**Card Type:** Mastercard   Visa   Discover   American Express

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_      **CVV:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*By signing this form you agree to the Stadium Village Business Association terms and conditions.**

### **MAIL PAYMENT AND UPDATED FORM TO:**

**Stadium Village Business Association**

**c/o John Bragg**

**12 E Ray St.**

**Indianapolis, IN 46225**