



Credit Card Authorization Form

Name: _____

Business: _____

Telephone: _____ Cell Phone: _____

Name as it appears on the card: _____

Card Type: American Express MasterCard Visa
(Check one)

Credit Card Number: _____ CID#: _____

Exp. Date: _____ Amount: _____

Signature: _____

This payment is for (or) should be applied to:

- Membership Dues
- Airport Dues
- Fundraising Event (please specify): _____
- Other: _____

USVIHTA Official Use Only:

Authorization Code: _____ Reference Number: _____

Date: _____ USVIHTA Clerk: _____