

BTA'S CREDIT CARD AUTHORIZATION FORM

Business Name: _____

Cardholder Name: _____

Signature: _____

Credit Card Type:

VISA

MASTERCARD

AMEX

Credit Card Number: _____

Expiration Date: _____ / _____ Security Code: _____

Billing Address: _____

Billing City & State: _____

Billing Zip Code: _____

Email Address for Receipt: _____

Amount to be Charged: \$ _____ (USD)

Reason for charge:

Please send form to:

Teresa Leerar

teresa@bta.org

Fax#: 816-303-4056

Phone#: 816-303-4030