

Credit Card Payment Authorization Form

Fill out this form and include with entry and/or patron-sponsorship forms. A 3% convenience fee is to be included in the total.

Credit Card Type: \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover \_\_\_ American Express

Name as it appears on Card

\_\_\_\_\_

Card number \_\_\_\_\_

CCV# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Expiration Date (MM/YYYY) \_\_\_\_\_

I authorize NMAHA to charge the above credit card for the following amount: Total fees from one or more NMAHA forms, including 3% Convenience Fee

Signature \_\_\_\_\_ Date \_\_\_\_\_