



CREDIT CARD AUTHORIZATION FORM

Your card will be processed the following business day after submission.

Fax # 614-895-1165
or
Email mgordon@bpa.org

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Billing Information

Same as above

Name as it appears on card _____

Address _____

City _____ State _____ Zip _____

Invoice # _____ or Chapter ID# _____

Total Amount Authorized to charge _____

Payment Method (Check One)

VISA **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS**

Card Number _____

Expiration Date _____ Security Code _____

Signature _____