



National Public Employer Labor Relations Association

10951 Sorrento Valley Road, Suite 2K · San Diego, CA 92121

www.npelra.org · 858-299-3150 · Fax: 858-299-3156

Credit Card Authorization Form

CARD HOLDER INFORMATION

Organization Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

PAYMENT AUTHORIZATION

Name of Member or Guest & ID Number: _____

Description of Purchase: _____

Card Type: AMEX Discover Visa MasterCard

Card Number: _____ Exp. Date: _____

Card Identification Number: _____

Please reference the picture to the right for the location of this number on your Visa or MasterCard



Amount: _____

I hereby authorize National PELRA to charge the credit card listed above in the amount listed above. This charge is payment for fees and/or services, and is accepted in good faith by National PELRA. By signing below, I acknowledge that I am an authorized signatory for the above referenced card.

SCAN & RETURN BY EMAIL OR FAX COMPLETED FORM TO 858.299.3156

Print Name

Signature

Date