



National Public Employer Labor Relations Association

PO Box 5189, Vernon Hills, IL 60061

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



123
CVV2

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 COMPLETED FORM TO sta@npelra.org

Print Name

Signature

Date