



## Credit Card Authorization Form

Please complete all fields.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV (Number on Back): _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize Jason Crockett, NMEA Secretary to charge my credit card above for agreed upon purchases. I understand this information will be for this one transaction only.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

**Processing Fee of 4% will be added to all Credit Card transactions. This fee covers the cost of the transaction fee the NMEA is charged**