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MM DD YYYY

**CREDIT CARD AUTHORIZATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorize Women’s Automotive Association International to charge my credit card
 (Name)

For services rendered. Not to exceed the amount shown. REFERENCE \_\_\_\_\_\_\_\_\_\_

AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USD. ATTACH RECEIPT HERE

CREDIT CARD TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARD CV2 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME ON CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (As it appears on card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

**PLEASE SEND TO:**

**Women’s Automotive Association International**

**PO Box 3425 Boynton Beach Florida 33424
Phone: (561) 752-0199**

**Fax: (248) 387-3550**

**Email: lsousa@dealerriskservices.com**