

## **MMBA Credit Card Authorization Form**

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

I, \_\_\_\_\_, authorize the Minnesota Municipal Beverage Association to charge my credit card above in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

