



Today's students. Tomorrow's business professionals.

**CREDIT CARD AUTHORIZATION FORM**

**Your card will be processed same day as purchase**

**Fax # 614-895-1165**

**or**

**Email [mgordon@bpa.org](mailto:mgordon@bpa.org)**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Billing Information**

Same as above  
Name as it appears on card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Invoice # \_\_\_\_\_ or Chapter ID# \_\_\_\_\_**

**Total Amount Authorized to charge \_\_\_\_\_**

**Payment Method (Check One)**

**VISA**

**MASTERCARD**

**DISCOVER**

**AMERICAN EXPRESS**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

*\*Note: If an email dialog box does not automatically appear after pressing "Submit", you will need to save this document and attach it to an email to [mgordon@bpa.org](mailto:mgordon@bpa.org).*