Credit Card Authorization Form

(Please check off appropriate one.)

_____ AMEX _____ MSTR CARD _____ VISA

_____ DISCOVER CARD _____ OTHER

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
(Account Number)

___ ___ ___ ___
(Security Code)

___ ___ / ___ ___ ___ ___
(Expiration Date—Month/Year)

BILLING INFORMATION FOR ABOVE LISTED CREDIT CARD:

NAME:_____

ADDRESS:_____

_____

CITY:_____ **STATE:**_____ **ZIP:**_____

I hereby authorize the Delaware Apartment Association to charge the above listed credit card for a one time payment in the amount of $_____.

Reason for payment:_____
(EVENT/SEMINAR/SPONSORSHIP)

_____

AUTHORIZED BY:_____

DATE:_____