

ILLINOIS FIREFIGHTER'S ASSOCIATION, INC.

Kevin Wiwczaroski - Secretary Treasurer P.O. Box 77 Glen Carbon, Illinois 62034 (618) 288-5215



CREDIT CARD CHARGE and AUTHORIZATION FORM

Cardholder Name _____ your name as it appears on the credit card

Cardholder Address _____ Street Address only - NO P.O. BOX Numbers

City, State _____

ZIP Code _____

Cardholder Email Address _____ @ _____

Credit Card Type *Check One:* Visa ()
 MasterCard ()
 American Express ()

CARD NUMBER _____
Enter your Credit Card number without spaces (example: 5105105105100).

EXPIRATION DATE _____
(mmyy e.g. 0609 for June, 2009) Do not use symbols (08/06, 08-06 etc) or spaces (08 06).

CSC:Card Security Code _____
(This is a 3 or 4 digit number displayed on the front or back of your credit card)

CARDHOLDER TELEPHONE OR CELL PHONE NUMBER:

HOME PHONE () - _____

CELL PHONE () - _____

AUTHORIZED SIGNATURE _____

CHARGE DESCRIPTION:

- Check one* () Annaul IFA Dues
 () Annual Conference Registration
 () Other _____

AMOUNT OF CHARGE	\$
PROCESSING FEE	\$ 5.00
TOTAL CHARGE	\$

NOTE: ALL INFORMATION ON THIS FORM IS REQUIRED PROCESSING INFORMATION! IF ANY INFORMATION IS MISSING TRANSACTION WILL NOT BE COMPLETED AND REJECTED WITHOUT NOTIFICATION.

ALL TRANSACTIONS INCUR A \$5.00 PROCESSING & HANDLING FEE