

## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Cardholder Name (as shown on card):				
Billing Address:				
City, State, Zip:				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other:			
Card Number:				
Expiration Date (mm/yy):				
CVV (last 3 digits located on back of card):				
Amount to be charged:				

I authorize the Stafford Air & Space Museum to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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Customer Signature

Date

