



CREDIT CARD AUTHORIZATION

Please fill in your company's credit card information below to authorize payment to FISPA for any outstanding invoices. Although members may have previous credit card information on file with FISPA we need to have current authorizations.

FUTURE INVOICES TO BE PAID BY THIS AUTHORIZATION

You may mail this form to address below, complete it and email it to operations@fispaspa.org, or fax it to 704-844-2728.

Your Mailing Information

Company Name _____
Company Address _____
Company City/St/Zip _____
Company Phone _____
Company Fax _____
Company Email _____

Credit Card Information

Exact Name on Card _____
Card Billing Address _____
Billing City/St/Zip _____
Credit Card Type (check one) VISA MC AX Discover
Credit Card Number _____
Security Code on Card _____
Expiration Date _____

Authorized Signature _____ Date _____

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