



World Evangelical Alliance
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Credit Card Authorization Form

Instructions

1. Complete form with card holder and credit card information
2. Sign where indicated
3. Submit this form back to the World Evangelical Alliance by fax

Fax: +[1] 646-957-9218 Attn: WEA LI Credit Card Authorization Form

CARD HOLDER INFORMATION		
Name on Credit Card: _____		
Card Holder Billing Address: _____		
City: _____	State: _____	Zip: _____
Country: _____	Telephone: _____	Email Address: _____

PAYMENT AUTHORIZATION	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number: _____	
Card Identification Number (CVV2 Code): _____ (Visa & MasterCard: 3 digits on back)	
Expiration Date (MM/YY): _____	
I, _____ authorize the World Evangelical Alliance to process a charge against my credit card account in the amount of \$_____ for the payment of _____	
Telephone Number: _____ Fax Number: _____	
_____ Print Name as it appears on Credit Card	_____ Signature