MMBA Credit Card Authorization Form

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV:_____
Cardholder ZIP Code (from credit card billing address): _____

I,_____, authorize the Minnesota Municipal Beverage Association to charge my credit card above in the amount of $_____.

_____ _____

Customer Signature Date

MMBA

MINNESOTA MUNICIPAL BEVERAGE ASSOCIATION