



Credit Card Authorization Form

Company Name: _____

Card Holder's Name: _____

Type of Credit Card: _____ Sec. Code: _____

Credit Card #: _____ Expiration Date: _____

Card Holder's Address: _____

Telephone #: _____ Fax #: _____

CHARGE FOR: 2016 WIA DUES: \$_____ Non-Refundable

I authorize the Western Ice Association to charge my credit card for the charge(s) specified above.

Authorized signature: _____ Date: _____

PLEASE COMPLETE THIS FORM TO PAY DUES BY CREDIT CARD. A 5% ADDITIONAL FEE WILL BE ADDED FOR CREDIT CARD PROCESSING.

SEND THIS FORM WITH INVOICE TO:

**Jeff Maynes, CPA
Morley & Berrett, CPA's
1656 Reunion Avenue, Suite 100
South Jordan, Utah 84095**