



CREDIT CARD - PAYPAL AUTHORIZATION FORM

Company Name _____

Name on Card _____

Credit Card Number

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Exp. Date _____ Security Code _____ Amount \$ _____

Credit Card Billing Address _____

City/State/Zip _____

Card Holder Phone Number _____

Card Holder Email _____

Purpose _____

I hereby authorize the Nevada Self-Insurers Association to charge my credit card for the above amount for the purpose indicated above. A 3% surcharge will be added to all PayPal transactions.

Print Name Signature Date

Comments _____

