Revised 3/2004

Charge Card Authorization Slip

Name on Card:	Description	Amount
Chapter:		
Card Number:		
Expiration Date:		
Today's Date:	*Circle your credit card type*	

Required for security verification purposes. Please provide your credit card billing address and zip code.

Visa American Express Discover Mastercard

Subtotal	
Tax	
Total	

Purchaser signature: _____

Address and Zip: _____

CDI #_____ (3 last numbers on the back of the credit card excluding AMEX)

Phone Number: _____

My signature above authorizes BNI to process my credit card for the amount listed on the slip. Facsimile signature same as original.

Upon your acceptance to BNI, participation fees are non-refundable.

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