

BOMA INTERNATIONAL

Credit Card Authorization Form

I _____, hereby authorize **BOMA International** to charge my credit card account in the amount of \$ _____ dollars, for _____.

- Visa
 MasterCard
 American Express

Credit Card Number: _____

Expiration Date: _____

Card ID #: _____

(4 digit number on front of Amex, 3 digit number on the back of VISA/ MasterCard/ Discover next to signature.)

Credit Card Billing Address

Street _____

City _____ State _____ Zip _____

Telephone _____

I hereby authorize **BOMA International** to collect payment. I agree that I will pay for this purchase and indemnity and hold BOMA International harmless, against any liability pursuant to this authorization. I understand that my signature on this form will serve as my authorized signature on the credit card charge slip.

Print Name: _____

Company Name: _____

Signature: _____ Date: _____



1101 15th Street, NW
Suite 800
Washington, DC 20005
Phone: 202.408.2662
Fax: 202.326.6377

BOMA International Use Only

Submitted by: _____

Account Code: _____