

CREDIT CARD AUTHORIZATION FORM

Please fill in credit card BILLING ADDRESS below!

Purpose of Payment _____

Name _____

Company Name _____

Address _____

City, State, Zip _____

Tel _____

Fax _____

Email _____

MasterCard

VISA

Credit Card Number _____

Exp Month/Yr _____

Security Code _____

(3 digits on back of card)

Authorized Signature _____

Date _____

Please return by regular mail to:

Juan Oyervides

USHCA de Austin

920 E Dean Keeton St

Austin, TX 78705

Or call to make credit card payment over the phone at (512) 922-0507

Or scan and email to info@ushca-austin.com