



Credit Card Authorization Form Marketing

PLEASE FAX THE COMPLETED FORM TO SALES & MARKETING AT
619-544-0173.

Name as it appears on credit card: _____

Credit Card Number: _____

Amount to be Charged: \$ _____ Expiration Date (MM/YY): _____

Security Code: _____ *(3 digit code behind Visa or Mastercard, or 4 digit code on the front of AMEX)*

Billing Address for Credit Card

Address: _____

City, State Zip: _____

Cardholder Contact

Phone Number: _____ Fax Number: _____

I hereby certify that all of the information contained here within is accurate and the USS Midway Museum may use my credit card for the amount above:

Card Holder Signature: _____