

__ / __ / ____
MM DD YYYY

I _____ Authorize Women’s Automotive Association International to charge my credit card
(Name)

For services rendered. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$ _____ USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

PLEASE SEND TO:
Women’s Automotive Association International
P.O. Box 2535 Birmingham, MI 48012
Phone: (248) 646-5250
Fax: (248) 387-3550
Email: treasurer@waa.com

