



IOWA POLICE CHIEFS ASSOCIATION

Credit Card Authorization Form

CARDHOLDER INFORMATION (Please Print)

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (____) _____ - _____

I authorize a one-time charge against my credit card for the following amount \$ _____

***Please note that IPCA will charge an extra \$25 due to fees associated with this transaction.**

CREDIT CARD INFORMATION (Please Print)

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____

Instructions/FYI:

Return all forms to Chief Jeremy Logan. When this transaction is completed you will be emailed a receipt at the email address you supplied on this form and this paper form will be shredded.