



BNI Oregon & SW Washington
 18139 NW Skyline Blvd
 Portland, OR 97231

Credit Card Authorization Slip

Print Name: _____

Chapter: _____

Card #: _____

Expiration Date: ____ / ____ Code: _____

Billing Address: _____

City, State, Zip Code: _____

Signature: _____

Description	Amount
Office Use	Total
Circle One:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex

I authorize BNI Oregon & SW Washington to process my charge account for the fees listed on this slip. I understand that fees are non-refundable. Credit card statement will read BNI Oregon & SW Washington.

Today's Date: _____



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