

CREDIT CARD AUTHORIZATION FORM

(Only MasterCard, VISA Available)

Please fill in the **BILLING ADDRESS** of the credit card below!

Name _____

Company Name _____

Address _____

City, State, Zip _____

Tel _____

Fax _____

Email _____

(Circle One)

MasterCard

VISA

Credit Card Number _____

Exp Month/Yr _____

Security Code _____

(last 3 digits on back of card)

Authorized Signature _____

Date _____

Please return with completed application to:

USHCA de Austin

319 Congress Ave, Ste 250

Austin, TX 78701

- or -

We can take credit card payment over the phone.

Please call (512) 922-0507 for assistance!