

SUFFOLK CADET SQUADRON 9 CIVIL AIR PATROL UNITED STATES AIR FORCE AUXILIARY NER-NY-311



CREDIT CARD PAYMENT AUTHORIZATION

Applicant's Name:	
Amount:	[] VISA [] MASTERCARD
Cardholder's Name:	
Card Number:	Exp.:
Card Security Code:	Billing Zip Code:
I authorize Civil Air Patrol to charge my credit card as indicated above.	
Cardholder's Signature	 Date