

The Bahamas Institute of Chartered Accountants

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"Upholding Integrity, Striving for Excellence"

CREDIT CARD AUTHORIZATION FORM

Please specify purpose of your payment by placing an X in the appropriate box.

Name: _____

(First Name, Last Name)

Membership #: _____

Telephone Contact: _____

Email Address: _____

Membership renewal	
Membership and Licence renewal	
Late fee	
CPD	
Other (specify)	

CREDIT CARD INFORMATION

Name as it appears on card:			
	(First Name)	(Middle Initial)	(Last Name)
Credit card number:			
Expiration date:	___ / ___		
Total amount to be charged			

I, _____ give The Bahamas Institute of Chartered Accountants permission to charge my (VISA/ Master Card) credit card \$ _____.

Signature

Date