



Credit Card Authorization Form

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Amount to be Charged: _____ Invoice Number: _____

CC Number _____ Expiration Date _____

Name as it appears on the Card _____

Signature: _____ Date _____

Membership Name: _____



111 K Street NE, 9th Floor

Washington, DC 20002



800-283-2877 (Main)



202-898-1575 (Fax)



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