

INDEPENDENT INSURANCE AGENTS AND BROKERS OF ARIZONA, INC.

CREDIT CARD CHARGE FORM

Amount to be charged: \$ _____

Purchase/Service: Associate Membership Renewal Dues - November 1, 2017 to October 31, 2018

Please check one: American Express ☐ VISA ☐ MasterCard ☐

Credit Card Number: _____

Expiration Date: ____ - ____ Security Code: _____

Company Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: _____

Name on Card (Print): _____

Signature: _____

Billing address is required for processing.

Receipts will be given upon request only and after the charge has been processed.

Yes, please email me a receipt to: _____

Fax to: Kathy Johnson at (602) 468-1392 OR Email to: kathy@iiabaz.com

Mail to: IIABAZ at 333 East Flower Street, Phoenix, Arizona 85012

Please contact Kathy Johnson in Accounting if you have any questions at (602) 956-1851, (800) 627-3356, or kathy@iiabaz.com.