



**AMERICAN BUS ASSOCIATION**

## **Credit Card Authorization Form**

Member Company Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Amount to be Charged: \_\_\_\_\_

CC Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Card \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Email:** [membership@buses.org](mailto:membership@buses.org)

**Mail:**

American Bus Association  
Att: Membership  
111 K Street, NE  
9th Floor  
Washington, DC 20002

For additional information call the Membership Department at 800- 283-2877.