



National Information Standards Organization
3600 Clipper Mill Road, Suite 302
Baltimore, MD 21211
P: 301.654.2512 ● F: 410.685.5278
nisoHQ@niso.org ● www.niso.org

CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

Institution or Company Name: _____

Invoice Number: _____

American Express / MasterCard / Visa (Circle one)

Card Number: _____ (Code): _____

Expiration Date: _____/_____/_____

Card Holders Name: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Card Holder Phone Number: (____) _____ - _____

Card Holder Signature: _____

Card Holder Name (Print): _____

I, _____, hereby authorize (National Information Standards Organization (NISO) to make charges in the amount of \$_____ to my Credit Card for the purpose of _____ (membership, webinar etc) as requested by me.

E-mail Address (to receive receipt): _____

Please fax to: +1.410.685.5278 or e-mail to nisoHQ@niso.org