



THE WIRELESS INFRASTRUCTURE ASSOCIATION

CREDIT CARD AUTHORIZATION FORM

Administrative Information

Card Holder Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

E-Mail Address: _____

Credit Card Information

Type: VISA MASTERCARD AMERICAN EXPRESS

Card Holder Name: _____

Credit Card#: _____ Exp. Date: _____

By Completing and signing this form, I authorize PCIA to charge the above credit card for appropriate COORDINATION and FCC fees. I understand that if a charge is denied, I will be notified and my application(s) will be held pending full payment.

Date

Signature