

MHA Ventures, Inc.
P.O. Box 5119 – Helena, MT 59604
406.442.1911 – Fax: 406.443.3894

Credit Card Payment Authorization

Event/Teleconference: _____

Event Date: _____

Credit Card Type: Mastercard VISA American Express Discover
(circle one) ****All credit cards are processed by MHA Ventures, Inc. directly****

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Billing Address for the credit card: _____

Amount to be Charged: \$ _____ Telephone Number: _____

Signature: _____

**FILL OUT FORM COMPLETELY AND FAX BACK TO MHA, ATTN:
JENNIFER WAGNER AT 406.443.3894.**

For Internal Use Only

Date Received: _____ Received By: _____

Entered By: _____ Date: _____

Sent to Accounting Date: _____

Receipt Sent Date: _____

