

INSTITUTE FOR ASTRONOMY  
640 N. AO HOKU PLACE  
HILO, HI 96720-2700  
PHONE: (808) 932-2301

## CREDIT CARD AUTHORIZATION FORM

**Send completed form by fax to (808) 933-0737 or via the electronic method on page 2.  
Email submission will not be accepted.**

TODAY'S DATE: \_\_\_\_\_

VISITOR'S/OBSERVER'S NAME: \_\_\_\_\_

BILLING ADDRESS (WHERE YOUR  
CREDIT CARD STATEMENTS ARE  
MAILED):  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT E-MAIL ADDRESS (In case we have questions): \_\_\_\_\_

CONTACT PHONE NUMBER (In case we have questions): \_\_\_\_\_

CREDIT CARD TYPE (check one):	VISA _____	DINER'S CLUB _____
	MASTERCARD _____	CARTE BLANCHE _____
	DISCOVER _____	CHINA UNION PAY _____
	JCB _____	BC CARD _____

CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

3-DIGIT SECURITY CODE (Located on the back of your card): \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

ADDITIONAL INFORMATION (If Applicable): INVOICE NUMBER: \_\_\_\_\_

OBSERVING PROGRAM NUMBER: \_\_\_\_\_

Please direct inquiries regarding credit card payments to:  
Amy Shimabukuro  
Fiscal Specialist  
Institute for Astronomy  
Phone: (808) 932-2301  
Fax: (808) 933-0737

To submit this form electronically:

1. Go to the University of Hawaii filedrop site <https://www.hawaii.edu/filedrop/>
2. Sign in under "Non-UH Users"
3. Click the link in the validation email generated in 2.
4. Type "amysanae" in the Recipient boxes, check "Require authentication" and click "Proceed".
5. Verify the correct recipient is listed in the red box and upload the authorization form.
6. You and the recipient will receive a confirmation email when the upload is completed.

If you need assistance, please contact Miranda Hawarden-Ogata by phone at (808) 932-2380 or by email at [hawarden@ifa.hawaii.edu](mailto:hawarden@ifa.hawaii.edu).