INSTITUTE FOR ASTRONOMY
640 N. AOHOKU PLACE
HILO, HI 96720-2700
PHONE: (808) 932-2300

CREDIT CARD AUTHORIZATION FORM

(Please fax completed form to: (808) 933-0737)

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 _____

MASTERCARD _____

JCB _____

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:

Carrie Masanda
Administrative Officer
Institute for Astronomy
Phone: (808) 932-2301
Fax: (808) 933-0737
Email: cmasanda@ifa.hawaii.edu