CREDIT CARD AUTHORIZATION	
Please check one of the following:	
Membership Dues: Amount to be charged:\$	Invoice #:
Charge to:Master CardVisa Discover	Expiration Date:(Mo./Yr.)
Please print or type following information: Account #	Security Code:
Name as appears on Card:	
Address:	
Cardholder Signature:	
Card <u>Billing Address</u> if different than above:	
You may send your application with your invoice via	
Fax - 702/457-6361	
Email - info@nevadataxpayers.org	
or Mail Nevada Taxpayers Association • 2303 E. Sahara Avenue • Las Vegas, NV 89104	