



**Credit Card Authorization Form**

**Credit Card Type (check one):**  Visa  MasterCard  American Express

**Exact Name on Card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**CVV Code:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Reason for Payment (check all that apply):**

Administrative Fees  Transaction Fees  Continuing Education Class\*\*

**Payment frequency (check one):**  Recurring  One Time

**Signature:** \_\_\_\_\_

\*Please sign and fax back or sign, scan, and email back to authorize credit card charges.

\*\*Seminar charges – if you sign up for any class or seminar, do not attend, and do not call to cancel within 8 hours of the start of the seminar your credit card will be charged \$25.00

Thank you,

Mountain West IRA, Inc.  
10096 W. Fairview Ave., Ste.160  
Boise, ID 83704  
(208)377-3311 Phone  
(866)377-3311 Toll-Free  
(208)376-4567 Fax