



# Credit Card Authorization Form IIN Applications

*(Please type or fill in form fields)*



**Important! Please fax this form to: 202.663.7543 (in the US)  
(+1) 202.663.7543 (outside the U.S.)**

Date: \_\_\_\_\_

Credit Card Type: *(please check only one)*

MasterCard

VISA

Discover

American Express

Institution on Application: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_

Institution As It Appears on Card: \_\_\_\_\_

Name As It Appears on Card: \_\_\_\_\_

*I authorize the American Bankers Association to charge the above-listed credit card*

***\$100.00** each (US) for the application fee for an Issuer Identification Number. \*\**

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

Amount (In US Dollars) authorized: \$ \_\_\_\_\_

Contact Information In Case Transaction Does No Go Through:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail \_\_\_\_\_



**This price goes into effect January 1, 2016**