



Texas Package Stores Association Credit Card Authorization Form

1122 Colorado St., Ste. 313
Austin, TX 78701
(512) 472-3232 | (512) 474-0717

Credit Card Information

Company: _____

Credit Card Type: AMEX MasterCard Visa Discover

Account #: _____ Exp. Date: _____ CVV Code: _____

Print Name as it appears on card: _____

Authorized Signature: _____

Type of Payment: Check Appropriate Box Below

Membership (# of Stores): _____

Associate Membership (Level): _____

Advertising (Specify size, type & #of pages): _____

Exhibit Space (# of Booths): _____

Wine Table (# of Tables): _____

Convention Registration (Specify type & quantity): _____

Total Amount
to charge: \$

Billing Address:

Return Information:

If you would like a paid receipt after the charge is processed, please provide a contact name and email address:

Contact Name:

Fax # or Email Address:

If you have any questions, please contact the TPSA office at (512) 472-3232.

TPSA Office Use:

Date Processed:

Amount Charged:

Authorization Code: