



USCG BASE SAN JUAN
MWR DIVISION



CREDIT CARD AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

I, the undersigned, hereby authorize The Unit Morale to charge the Credit Card account listed below, for the invoice payment for my stay at Base San Juan MWR lodging facilities in the amount of \$ _____.

CREDIT CARD INFORMATION

Visa ____ Master Card ____ CID CODE ____

Credit Card # _____ Exp. _____

Name of Cardholder _____

Signature _____ Date _____

Billing Address _____

Billing Phone: _____

Please email this form to emma.r.rodriguez@uscg.mil