



LATIN AMERICAN BIBLE INSTITUTE
Credit Card Authorization Release Form

TO BE COMPLETED BY THE CARDHOLDER

I, _____ (Print your name) agree to have my credit card charged by LATIN AMERICAN BIBLE INSTITUTE. This credit card will be used for the authorized purchases or invoice payments. I understand that my payment will not be processed until this has been received by LABI.

Credit Card Billing Address
(NOT YOUR BANK ADDRESS)

Print Name

Type of Credit Card

Credit Card Number

Amount to be charged

V-code: Last 3 numbers on the
back of your card _____

Today's Date _____

Expiration Date _____

Signature _____

Please FAX to (626) 961-7253 or mail to:

LATIN AMERICAN BIBLE INSTITUTE
ATTN: Financial Administration Office
14209 E. Lomitas Ave
La Puente, CA 91746