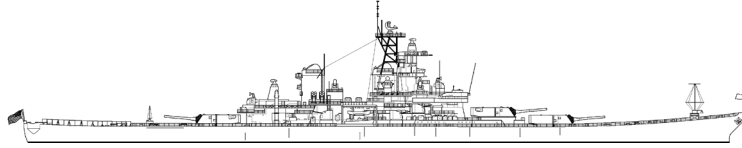


Battleship Missouri Memorial Credit Card Authorization Form



Event Date & Name: _____

I, _____ authorize the USS Missouri Memorial Association, Inc.
to charge on my credit card the following:

Amount to be Charged: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ 3/4-digit security code: _____

Billing Address: _____

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____