

To pay by check, mail this form along with a check for the total amount due to MBBA.

To pay by credit card which has a 2.5% surcharge, you may:

Mail this form to MBBA or email as an attachment to info@minnesotabb.org

Master Card, Visa or Discover

Credit card # _____ CVV# _____ Expiration _____

Name as it appears on credit card: _____

Billing address: _____

_____ I agree to allow MBBA to charge my credit card for the amount listed as "TOTAL DUE" above.

Signature _____ Date _____