



Alliance of the Ports of Canada, the Caribbean, Latin America and the United States

## AAPA Credit Card Payment Form

**Credit Card Number:**

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**Expiration Date:**

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**CVC Code:**

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**The name that appears on the front of the Credit Card:**

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**The Cardholders Billing Address:**

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**Phone Number:**

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**Visa**

☐

**MasterCard**

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**American Express**

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Office Use Only

For: \_\_\_\_\_ Amount: \_\_\_\_\_