IPHFHA
INTERNATIONAL PIZZA HUT
FRANCHISE HOLDERS ASSOCIATION

IPHFHA – Associate Membership
Credit Card Authorization Form

Name: _____

Company: _____

Billing Address: _____

Billing City: _____

State/Province: _____

Postal Code: _____

Country: _____

Phone: _____

Email: _____

I authorize IPHFHA to charge: $_____ to my credit card for Associate Membership in IPHFHA for the calendar year 2025. Membership fee is $25 per Pizza Hut restaurant.

Card Type:

☐ **VISA**

☐ **MasterCard**

☐ **AMEX**

Cardholder Name: _____

Card # _____

Expiration Date: _____

Security Code _____

Signature: _____

Return to Jill Buchanan at jbuchanan@iphfha.com

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