CREDIT CARD AUTHORIZATION FORM

All Credit Cards Accepted

Convenience Charge Applied To Each Transaction

PLEASE TYPE / PRINT CLEARLY	TODAY'S DATE:		
COMPANY NAME:			
ADDRESS:			
CITY:			
PHONE NUMBER:	FAX NUMBER:		
CONTACT PERSON:			
EMAIL ADDRESS:			
☐ MasterCard ☐ Visa	☐ Discover	☐ AmericanExpress	☐ OTHER
CARD/ACCOUNT NUMBER:			
EXP. DATE (MM/YYYY):	3-DIGIT CO	DDE (5-DIGIT ON AMEX):_	
BILLING ADDRESS (IF DIFFERENT	FROM ABOVE):		
CITY:		STATE:	ZIP:
SIGNATURE: PRINTED NAME:			

Completed form authorizes Ed/Glen Chamber to run credit card for specified amount and corresponding convenience charge. Receipts emailed as requested. This form is destroyed immediately upon successful processing. If not processed immediately upon receipt, this authorization form is stored in a secure location until processed.

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